	FOR OHF USE				

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2004 STATE OF ILLINOIS DEPARTMENT OF PUBLIC AID FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES (FISCAL YEAR 2004)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I.	IDPH Facility ID Number:	005090	II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER		
	Address: 800 West Oakton Number County: Cook Telephone Number: (847) 253-371	Arlington Hts 60004 City Zip Code Fax # (847) 253-1427	I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/03 to 06/30/04 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.		
	IDPA ID Number: 362192824002		Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.		
	Date of Initial License for Current Owner Type of Ownership:	08/01/60	Officer or Administrator of Provider (Signed)		
	X VOLUNTARY,NON-PROFIT X Charitable Corp.	PROPRIETARY GOVERNMENTAL Individual State	(Title)		
	Trust IRS Exemption Code	Partnership County Corporation Other	(Signed) (Date)		
		"Sub-S" Corp. Limited Liability Co. Trust Other	Paid (Print Name and Title) Steven N. Lavenda, C.P.A. Frost, Ruttenberg & Rothblatt, P.C.		
		Otner	(Firm Name Frost, Ruttenberg & Rothblatt, P.C. & Address) 111 Pfingsten Road, Suite 300 Deerfield, IL 60015 (Telephone) (847) 236-1111 Fax # (847) 236-1155		
	In the event there are further questions at Name: Steve Lavenda	tt this report, please contact: Telephone Number: (847) 236 - 1111	MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630		

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Facil	ity Name & ID Numbe	er Lutheran Ho	me For The Aged				# 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04						
	III. STATISTICAL	L DATA					D. How many bed-hold days during this year were paid by Public Aid?						
	A. Licensure/co	ertification level(s) of	f care; enter number	of beds/bed days,			None (Do not include bed-hold days in Section B.)						
	(must agree v	with license). Date of	change in licensed b	eds		_							
							E. List all services provided by your facility for non-patients.						
	1	2		3	4		(E.g., day care, "meals on wheels", outpatient therapy)						
							Meals on Wheels, Adult Day Care, Outpatient Therapy, Child Day Care						
	Beds at				Licensed								
	Beginning of	Licensu	re	Beds at End of	Bed Days During		F. Does the facility maintain a daily midnight census? Yes						
	Report Period	Level of	Care	Report Period	Report Period								
							G. Do pages 3 & 4 include expenses for services or						
1	262	Skilled (SNI	,	262	95,892	1	investments not directly related to patient care?						
2			atric (SNF/PED)			2	YES X NO						
3	60	Intermediat	` /	60	21,960	3							
4		Intermediat				4	H. Does the BALANCE SHEET (page 17) reflect any non-care assets?						
5	70	Sheltered C		70	25,620	5	YES X NO						
6		ICF/DD 16	or Less			6	I. On what date did you start providing long term care at this location?						
7	392	TOTALS		392	143,472	7	Date started 8/1/53						
	572	TOTALS		5,2	110,172		54tc 54tf cca						
							J. Was the facility purchased or leased after January 1, 1978?						
	B. Census-For	the entire report per	riod.				YES Date NO X						
	1	2	3	4	5		<u> </u>						
	Level of Care	Patient Days	by Level of Care an	d Primary Source of	Payment		K. Was the facility certified for Medicare during the reporting year?						
		Public Aid	·	ū			YES X NO If YES, enter number						
		Recipient	Private Pay	Other	Total		of beds certified 252 and days of care provided 9,829						
8	SNF	2,189	1,525	9,880	13,594	8							
9	SNF/PED					9	Medicare Intermediary AdminaStar Federal						
	ICF	31,473	68,612	1,368	101,453	10							
11	ICF/DD					11	IV. ACCOUNTING BASIS						
12	SC	871	22,204	715	23,790	12	MODIFIED						
13	DD 16 OR LESS					13	ACCRUAL X CASH* CASH*						
14	TOTALS	34,533	92,341	11,963	138,837	14	Is your fiscal year identical to your tax year? YES X NO						
	C. Davaart Occ	cupancy. (Column 5,	line 14 divided beste	tal licensed			Tax Year: 6/30/04 Fiscal Year: 6/30/04						
		upancy. (Column 5, line 7, column 4.)	96.77%	tai neenseu			* All facilities other than governmental must report on the accrual basis.						
	bea days on	,, согинн 4.)	20.770	_	SEE ACCOUNTAN	NTS' C	OMPILATION REPORT						

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	Facility Name & ID Number	Lutheran Home	For The Aged		STATE OF ILI #	INOIS 0005090	Report Period	Beginning:	07/01/03	Ending:	Page 3 06/30/04	
	V. COST CENTER EXPENSES (through	hout the report,	please round to	the nearest do	llar)			0 0		Ŭ		
			osts Per Genera	ıl Ledger		Reclass-	Reclassified	Adjust-	Adjusted	FOR OHE	USE ONLY	
	Operating Expenses	Salary/Wage	Supplies	Other	Total	ification	Total	ments	Total			
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	1,307,786	71,502	3,936	1,383,224		1,383,224	(63,623)	1,319,601			1
2	Food Purchase		1,837,931		1,837,931		1,837,931	(583,678)	1,254,253			2
3	Housekeeping	500,759	121,700	330,460	952,919		952,919	(60,492)	892,427			3
4	Laundry	126,047	68,571	26,688	221,306		221,306		221,306			4
5	Heat and Other Utilities			960,461	960,461		960,461	(351,491)	608,970			5
6	Maintenance	792,698	166,304	630,532	1,589,534		1,589,534	(48,476)	1,541,058			6
7	Other (specify):*											7
8	TOTAL General Services	2,727,290	2,266,008	1,952,077	6,945,375		6,945,375	(1,107,760)	5,837,615			8
	B. Health Care and Programs											
9	Medical Director			28,124	28,124		28,124		28,124			9
10	Nursing and Medical Records	9,198,927	621,902	104,627	9,925,456		9,925,456	(36,812)	9,888,644			10
10a	Therapy	276,645	15,597	,	292,242		292,242	` ′ ′	292,242			10a
11	Activities	278,627	30,283	701	309,611		309,611	(14,989)	294,622			11
12	Social Services	196,381	3,709		200,090		200,090	() /	200,090			12
13	Nurse Aide Training	,	,		,							13
14	Program Transportation			3,204	3,204		3,204		3,204			14
15	Other (specify):*			3 / 3			- 7					15
16	TOTAL Health Care and Programs	9,950,580	671,491	136,656	10,758,727		10,758,727	(51,801)	10,706,926			16
	C. General Administration											
17	Administrative	99,531		5,489,563	5,589,094		5,589,094	(4,874,737)	714,357			17
18	Directors Fees											18
19	Professional Services			118,795	118,795		118,795	114,964	233,759			19
20	Dues, Fees, Subscriptions & Promotions			42,880	42,880		42,880	68,929	111,809			20
21	Clerical & General Office Expenses	56,824	48,238	155,021	260,083		260,083	774,175	1,034,258			21
22	Employee Benefits & Payroll Taxes			1,010,571	1,010,571		1,010,571	2,410,994	3,421,565			22
23	Inservice Training & Education											23
24	Travel and Seminar			6,833	6,833		6,833	38,922	45,755			24
25	Other Admin. Staff Transportation			5,239	5,239		5,239	2,859	8,098			25
26	Insurance-Prop.Liab.Malpractice			113,833	113,833		113,833	204,834	318,667			26
27	Other (specify):*			,	ŕ			513,658	513,658			27
28	TOTAL General Administration	156,355	48,238	6,942,735	7,147,328		7,147,328	(745,402)	6,401,926			28
29	TOTAL Operating Expense	12,834,225	2,985,737	9,031,468	24,851,430		24,851,430	(1,904,963)	22,946,467			29
2)	(sum of lines 8, 16 & 28) *Attach a schedule if more than one type						SEE ACCOUNT.			т	L	127

**Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification. SEE ACCOUNTANTS' COMPILATION REPORT

V. COST CENTER EXPENSES (continued)

Facility Name & ID Number

		Cost Per General Ledger		Reclass-	Reclassified	Adjust-	Adjusted	FOR OHF USE ONLY				
	Capital Expense	Salary/Wage	Supplies	Other	Total	ification	Total	ments	Total			
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			2,169,000	2,169,000		2,169,000	(676,902)	1,492,098			30
31	Amortization of Pre-Op. & Org.			37,825	37,825		37,825	(37,825)				31
32	Interest			1,075,729	1,075,729		1,075,729	(482,160)	593,569			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			11,439	11,439		11,439		11,439			35
36	Other (specify):*											36
37	TOTAL Ownership			3,293,993	3,293,993		3,293,993	(1,196,887)	2,097,106			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,486,993	1,197,604	2,684,597		2,684,597	(149,430)	2,535,167			39
40	Barber and Beauty Shops	120,575	16,639	625	137,839		137,839	(137,839)				40
41	Coffee and Gift Shops		55,163		55,163		55,163	(55,163)				41
42	Provider Participation Fee			176,778	176,778		176,778		176,778			42
43	Other (specify):*	320,040			320,040		320,040	(320,040)				43
44	TOTAL Special Cost Centers	440,615	1,558,795	1,375,007	3,374,417		3,374,417	(662,472)	2,711,945	•		44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	13,274,840	4,544,532	13,700,468	31,519,840		31,519,840	(3,764,322)	27,755,518			45

^{*}Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Lutheran Home For The Aged

Report Period Beginning:

07/01/03

Ending:

Page 5 06/30/04

2

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

0005090

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(72,782)	2		4
5	Telephone, TV & Radio in Resident Rooms	(51,974)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(424,731)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	r				23
24	Bad Debt	(66,766)	21		24
25	Fund Raising, Advertising and Promotional				25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax				26
	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(2.524.(00)			28
29	Other-Attach Schedule	(2,724,600)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (3,340,853)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below. (See instructions.)

Amount	Reference	
5		31
		32
		33

		rinount	recter ence	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	(423,469)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (423,469)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (3,764,322)		37
	•	•		

^{*}These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.) 1 2

4 3

(~~	2 111501 420101150)	-	_	•	-	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

	OHF USE ONLY	Y				
48		49	50	51	52	

STATE Lutheran Home For The Ag	OF ILLINOIS	Page 5A
IDa	0005090	
Report Period Beginning:	07/01/03	
Ending:	06/30/04	

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STATE OF ILLINOIS

Summary A Facility Name & ID Number Lutheran Home For The Aged
SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 61 06/30/04 # 0005090 Report Period Beginning: 07/01/03 **Ending:**

	SUMMARY OF PAGES 5, 5A, 6, 6A	, 6B, 6C, 6D,	6E, 6F, 6G, 61	H AND 61										
		·	•										SUMMARY	
	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	TOTALS	ı
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6Н	61	(to Sch V, col.	
1	Dietary	(63,623)											(63,623)	
2	Food Purchase	(579,089)		(4,589)									(583,678)	
3	Housekeeping	(60,492)											(60,492)	3
4	Laundry													4
5	Heat and Other Utilities	(351,491)											(351,491)	5
6	Maintenance	(143,062)		94,586									(48,476)	6
7	Other (specify):*													7
8	TOTAL General Services	(1,197,757)		89,997									(1,107,760)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(36,812)											(36,812)	10
10a	Therapy													10a
11	Activities	(14,989)											(14,989)	11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(51,801)											(51,801)	16
	C. General Administration													
17	Administrative			(4,874,737)									(4,874,737)	17
18	Directors Fees													18
19	Professional Services	(21,075)		136,039									114,964	19
20	Fees, Subscriptions & Promotions	(13,750)		82,679									68,929	20
21	Clerical & General Office Expenses	(167,000)		941,175									774,175	21
22	Employee Benefits & Payroll Taxes			2,410,994									2,410,994	22
23	Inservice Training & Education													23
24	Travel and Seminar	(525)		39,447									38,922	24
25	Other Admin. Staff Transportation	(2,492)		5,351									2,859	25
26	Insurance-Prop.Liab.Malpractice	i i		204,834									. ,	26
27	Other (specify):*			513,658									513,658	27
28	TOTAL General Administration	(204,842)		(540,560)									(745,402)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(1,454,400)		(450,563)									(1,904,963)	29

STATE OF ILLINOIS

Summary B Facility Name & ID Number Lutheran Home For The Aged Report Period Beginning: 07/01/03 Ending: # 0005090 06/30/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

													SUMMARY	
	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col	1.7)
30	Depreciation	(676,902)											(676,902)	30
31	Amortization of Pre-Op. & Org.	(37,825)											(37,825)	31
32	Interest	(509,254)		27,094									(482,160)	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds													34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*													36
37	TOTAL Ownership	(1,223,981)		27,094									(1,196,887)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers	(149,430)											(149,430)	
40	Barber and Beauty Shops	(137,839)											(137,839)	40
41	Coffee and Gift Shops	(55,163)											(55,163)	41
42	Provider Participation Fee													42
43	Other (specify):*	(320,040)											(320,040)	43
44	TOTAL Special Cost Centers	(662,472)											(662,472)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(3,340,853)		(423,469)									(3,764,322)	45

07/01/03

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

		atou organizations (partics) as acin				
1		2			3	
OWNI	ERS	RELATED NURSI	ING HOMES	OTHER RI	ELATED BUSINESS EI	NTITIES
Name	Ownership %	Name	City	Name	City	Type of Business
N/A		Wittenberg Lutheran Village	Crown Point, IN	See Attached		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES X NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

			for determining costs as specified i			_	_		
	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
		-				Ownership		Costs (7 minus 4)	
1	V			e ·		Ownership	© Gamzation	e	1
1	<u>, , , , , , , , , , , , , , , , , , , </u>	1		3			3	3	
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

Lutheran Home For The Aged

0005090

Report Period Beginning:

06/30/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, X YES NO management fees, purchase of supplies, and so forth.

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Scho	dule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
					_	Ownership	Organization	Costs (7 minus 4)	
15	V	17	Administrative Allocation	\$ 5,489,563	Lutheran Home and Services for the Aged	100.00%	\$	\$ (5,489,563)	15
16	V	2	Food Purchase		Lutheran Home and Services for the Aged	100.00%	(4,589)	(4,589)	16
17	V	6	Repairs & Maintenance		Lutheran Home and Services for the Aged	100.00%	94,586	94,586	17
18	V	17	Administrative		Lutheran Home and Services for the Aged	100.00%	614,826	614,826	18
19	V	19	Professional Fees		Lutheran Home and Services for the Aged	100.00%	136,039		19
20	V	20	Dues & Subscriptions		Lutheran Home and Services for the Aged	100.00%	82,679		20
21	V	21	Clerical & General Office		Lutheran Home and Services for the Aged	100.00%	941,175	941,175	21
22	V	22	Employee Benefits		Lutheran Home and Services for the Aged	100.00%	2,410,994	2,410,994	22
23	V	24	Travel & Seminar		Lutheran Home and Services for the Aged	100.00%	39,447	39,447	23
24	V	25	Other Admin. Staff Transportation		Lutheran Home and Services for the Aged	100.00%	5,351	5,351	24
25	V	26	Liability Insurance		Lutheran Home and Services for the Aged	100.00%	204,834	204,834	25
26	V	27	Other - Employee Benefits		Lutheran Home and Services for the Aged	100.00%	513,658	513,658	26
27	V	32	Interest Expense		Lutheran Home and Services for the Aged	100.00%	27,094	27,094	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			s 5,489,563			s 5,066,094	s * (423,469)	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

STATE	OF I	LLIN	MOIS

		STATE OF ILLINOIS			P	Page 6B	
Facility Name & ID Number	Lutheran Home For The Aged	# 0005090	Report Period Beginning:	07/01/03	Ending:	06/30/04	

	VII. R	ELATED	PARTIES	(continued)
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B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, YES NO management fees, purchase of supplies, and so forth.

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		0		5	Percent	Operating Cost	Adjustments for	
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
Senedule v	Line	Tem	rimount	Name of Related Organization	Ownership		Costs (7 minus 4)	
15 V			e		Ownership	e		15
16 V			J			3		16
17 V								17
18 V								18
19 V								19
20 V								20
21 V								21
22 V								22
23 V								23
24 V								24
25 V								25
26 V								26
27 V								27
28 V								28
29 V								29
30 V								30
J1 V								31
32 ,								32
7								34
34 V 35 V	-							35
36 V								36
37 V								37
38 V			1					38
					ı			
39 Total			[\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

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		STATE OF ILLINOIS			F	Page 6C	
Facility Name & ID Number	Lutheran Home For The Aged	# 0005090	Report Period Beginning:	07/01/03	Ending:	06/30/04	

VII. RELATED PARTIES (continued)

B.	Are any costs included in this report which are a result of transactions wit	h rela	ted organizati	ions?	This includes rent
	management fees, purchase of supplies, and so forth.		YES		NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		0		5	Percent	Operating Cost	Adjustments for	
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
Senedule v	Line	Tem	rimount	Name of Related Organization	Ownership		Costs (7 minus 4)	
15 V			e		Ownership	e		15
16 V			J			3		16
17 V								17
18 V								18
19 V								19
20 V								20
21 V								21
22 V								22
23 V								23
24 V								24
25 V								25
26 V								26
27 V								27
28 V								28
29 V								29
30 V								30
J1 V								31
32 ,								32
7								34
34 V 35 V	-							35
36 V								36
37 V								37
38 V			1					38
					ı			
39 Total			[\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

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		STATE OF ILLINOIS			F	Page 6D
Facility Name & ID Number	Lutheran Home For The Aged	# 0005090	Report Period Beginning:	07/01/03	Ending:	06/30/04

VII. RE	LATED	PARTIES	(continued))

B.	Are any costs included in this report which are a result of transactions wit	h rela	ted organizat	ions?	This includes rent,
	management fees, purchase of supplies, and so forth.		YES		NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
		9			Percent	Operating Cost	Adjustments for
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization
Schedule v	Line	Tem	rimount	Name of Related Organization	Ownership		Costs (7 minus 4)
15 V			e e		Ownership	e	\$ 15
16 V			J			3	16
17 V							17
18 V							18
19 V							19
20 V				,			20
21 V							21
22 V							22
23 V							23
24 V							24
25 V							25
26 V							26
27 V							27
28 V							28
29 V							29
30 V							30
31 V							31
32 V							32
33 V							33
34 1							34
							35
30 V					1		36
37 V 38 V							37
 							
39 Total			\$			S	\$ * 39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

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		STATE OF ILLINOIS			P	Page 6E
Facility Name & ID Number	Lutheran Home For The Aged	# 0005090	Report Period Beginning:	07/01/03	Ending:	06/30/04

В.	Are any costs included in this report which are a result of transactions wit	h rela	ted organizati	ions?	This includes rent,
	management fees, purchase of supplies, and so forth.		YES		NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
		9			Percent	Operating Cost	Adjustments for
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization
Schedule v	Line	Tem	rimount	Name of Related Organization	Ownership		Costs (7 minus 4)
15 V			e e		Ownership	e	\$ 15
16 V			J			3	16
17 V							17
18 V							18
19 V							19
20 V				,			20
21 V							21
22 V							22
23 V							23
24 V							24
25 V							25
26 V							26
27 V							27
28 V							28
29 V							29
30 V							30
31 V							31
32 V							32
33 V							33
34 1							34
							35
30 V					1		36
37 V 38 V							37
 							
39 Total			\$			S	\$ * 39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

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Page 6F # 0005090 Facility Name & ID Number Lutheran Home For The Aged Report Period Beginning: 07/01/03 Ending: 06/30/04

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, YES management fees, purchase of supplies, and so forth.

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
					Percent	Operating Cost	Adjustments for
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization
					Ownership	Organization	Costs (7 minus 4)
15 V			\$				\$ 15
16 V							16
17 V							17
18 V							18
19 V							19
20 V							20
21 V							21
22 V							22
23 V							23
24 V							24
25 V							25
26 V							26
27 V							27
28 V		<u> </u>					28
29 V							29
30 V							30
31 V		<u></u>			<u> </u>		31
32 V							32
33 V							33
34 V		<u></u>			<u> </u>		34
35 V		<u></u>			<u> </u>		35
36 V							36
37 V					1		37
38 V							38
39 Total			s			s	\$ *

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

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		STATE OF ILLINOIS				I	Page 6G	
Facility Name & ID Number	Lutheran Home For The Aged	#	0005090	Report Period Beginning:	07/01/03	Ending:	06/30/04	

B.	Are any costs included in this report which are a result of transactions wit	h rela	ted organizat	ions?	This includes rent,
	management fees, purchase of supplies, and so forth.		YES		NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
		9			Percent	Operating Cost	Adjustments for
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization
Schedule v	Line	Tem	rimount	Name of Related Organization	Ownership		Costs (7 minus 4)
15 V			e e		Ownership	e	\$ 15
16 V			J			3	16
17 V							17
18 V							18
19 V							19
20 V				,			20
21 V							21
22 V							22
23 V							23
24 V							24
25 V							25
26 V							26
27 V							27
28 V							28
29 V							29
30 V							30
31 V							31
32 V							32
33 V							33
34 1							34
							35
30 V					1		36
37 V 38 V							37
 							
39 Total			\$			S	\$ * 39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

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	STATE OF ILLINOIS					
Facility Name & ID Number	Lutheran Home For The Aged	# 0005090	Report Period Beginning:	07/01/03	Ending:	06/30/04

B.	Are any costs included in this report which are a result of transactions wit	h rela	ted organizat	ions?	This includes rent,
	management fees, purchase of supplies, and so forth.		YES		NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
		9			Percent	Operating Cost	Adjustments for
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization
Schedule v	Line	Tem	rimount	Name of Related Organization	Ownership		Costs (7 minus 4)
15 V			e e		Ownership	e	\$ 15
16 V			J			3	16
17 V							17
18 V							18
19 V							19
20 V				,			20
21 V							21
22 V							22
23 V							23
24 V							24
25 V							25
26 V							26
27 V							27
28 V							28
29 V							29
30 V							30
31 V							31
32 V							32
33 V							33
34 1							34
							35
30 V					1		36
37 V 38 V							37
 							
39 Total			\$			S	\$ * 39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

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	STATE OF ILLINOIS						Page 6I	
Facility Name & ID Number	Lutheran Home For The Aged	# 0	0005090	Report Period Beginning:	07/01/03	Ending:	06/30/04	

B.	Are any costs included in this report which are a result of transactions wit	h rela	ted organizat	ions?	This includes rent,
	management fees, purchase of supplies, and so forth.		YES		NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		0		5	Percent	Operating Cost	Adjustments for	
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
Senedule v	Line	Tem	rimount	Name of Related Organization	Ownership		Costs (7 minus 4)	
15 V			e		Ownership	e		15
16 V			J			3		16
17 V								17
18 V								18
19 V								19
20 V								20
21 V								21
22 V								22
23 V								23
24 V								24
25 V								25
26 V								26
27 V								27
28 V								28
29 V								29
30 V								30
J1 V								31
32 ,								32
7								34
34 V 35 V	-							35
36 V								36
37 V								37
38 V			1					38
					ı			
39 Total			[\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

Lutheran Home For The Aged

0005090

Report Period Beginning:

07/01/03

06/30/04

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work					
					Compensation	Week Devo	oted to this	Compensati	Schedule V.		
					Received	Facility and	% of Total	in Costs		Line &	
				Ownership	From Other	Work	Week	Reportin	g Period**	Column	
	Name	Title	Function	Interest	Nursing Homes*	Hours	Percent	Description	Amount	Reference	
1	Roger Paulsberg	Chairman	Administrative	0	see attached	34.00	85.00%	alloc salary	\$ 420,769	17-7	1
	Penny Paulsberg	Spouse	Interior Design	0				fees	66,360	19-3	2
3	Nathan Paulsberg	Son	Operations	0		40.00	100.00%	salary	17,231	21-1	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 504,360		13

^{*} If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

^{**} This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME. ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

0005090 Report Period Beginning:

07/01/03

Ending: 06/30/04

VIII	ALLOCA	TION OF	INDIRECT	COSTS

II. ALEOCATION OF INDIRECT COSTS		
	Name of Related Organization	
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	
or parent organization costs? (See instructions.)	City / State / Zip Code	
	Phone Number	
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1						\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13 14										13 14
15										15
16										16
17										17
18										18
19										19
20										20
21										20 21
22										22
23										22
24										24
	TOTALS					\$	\$		\$	25

VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	Lutheran Home & Services for the Aged
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	800 West Oakton
or parent organization costs? (See instructions.) YES X NO	City / State / Zip Code	Arlington Hts, IL 60004
	Phone Number	(847) 253-3710
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	(847) 253-1427

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1	2	Food Purchase	Direct Cost	(5,683)	3	\$ (5,683)	\$	(4,589)	\$ (4,589)	1
2		Repairs & Maintenance	Direct Cost	147,634	3	147,634		94,586	94,586	2
3	10	Nursing & Medical Records	Direct Cost	32,438	3	32,438				3
4	17	Administrative	Direct Cost	761,394	3	761,394	761,394	614,826	614,826	4
5	19	Professional Fees	Direct Cost	179,768	3	179,768		136,039	136,039	5
6	20	Dues & Subscriptions	Direct Cost	427,198	3	427,198		82,679	82,679	6
7	21	Clerical & General Office	Direct Cost	1,249,356	3	1,249,356	980,763	941,175	941,175	7
8	22	Employee Benefits	Direct Cost	2,410,994	3	2,410,994		2,410,994	2,410,994	8
9	24	Travel & Seminar	Direct Cost	96,301	3	96,301		39,447	39,447	9
10	25	Other Admin. Staff Trans.	Direct Cost	7,075	3	7,075		5,351	5,351	10
11		Liability Insurance	Direct Cost	253,664	3	253,664		204,834	204,834	11
12	27	Other - Employee Benefits	Direct Cost	993,605	3	993,605		513,658	513,658	12
13	32	Interest Expense	Direct Cost	33,553	3	33,553		27,094	27,094	13
14	43	Hearthstone / Other	Direct Cost	450,026	3	450,026	450,026			14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 7,037,323	\$ 2,192,183		\$ 5,066,094	25

						STATE OF IL	LLINOIS			Page 8B	
	Facility Name	& ID Number	Lutheran Ho	me For The Aged		# 0005090	Report Period Beginning:	07/01/03	Ending:	06/30/04	
		ATION OF INDIR		t which were derived fron	a allocations of control	al office	Name of Rela Street Addre	ated Organization			
		nt organization cos			NO		City / State / Phone Numb	Zip Code er ()		
	B. Show th	e allocation of cost	s below. If nece	essary, please attach work	sheets.		Fax Number	()		
	1	2		3	4	5	6	7	8	9	
	Schedule V			Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line			(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item		Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1							\$	\$		\$	1
2											2
3											3
5									-		5
6	+										6
7	1										7
8											8
9											9
10											10
11											11
12											12
13 14											13 14
15	+										15
16											16
17											17
18	1										18
19											19
20											20
21											21
22											22
24	1										23 24
	TOTALS						¢	\$		e	25
25	TUTALS						3	3		3	25

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ST Page 8C Ending: 06/30/04 Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning: 07/01/03 VIII. ALLOCATION OF INDIRECT COSTS Name of Related Organization A. Are there any costs included in this report which were derived from allocations of central office Street Address City / State / Zip Code or parent organization costs? (See instructions.) YES Phone Number B. Show the allocation of costs below. If necessary, please attach worksheets. Fax Number

	1	2	3	4	5	6	7	8	9	_
	Cabadala V	2	Unit of Allocation	4	Number of	Total Indirect	· ·	0	9	
	Schedule V						Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1						\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
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9										9
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21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		1\$	25

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Page 8D Ending: 06/30/04 # 0005090 Report Period Beginning: 07/01/03 Facility Name & ID Number Lutheran Home For The Aged

VIII. ALLOCATION OF INDIRECT COSTS

IN RELOCATION OF INDIRECT COSTS		
	Name of Related Organization	
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	
or parent organization costs? (See instructions.)	City / State / Zip Code	
	Phone Number ()	
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number ()	

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1			1 1 1 1 1 1 1 1 1			\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10 11
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21		<u>-</u>		<u>'</u>						21
22										22 23
23										23
24										24
25	TOTALS					\$	\$		 \$	25

STATE OF ILLINOIS Page 8E # 0005090 Report Period Beginning: Facility Name & ID Number Lutheran Home For The Aged 07/01/03 Ending: 06/30/04 VIII. ALLOCATION OF INDIRECT COSTS Name of Related Organization A. Are there any costs included in this report which were derived from allocations of central office Street Address or parent organization costs? (See instructions.) YES City / State / Zip Code Phone Number B. Show the allocation of costs below. If necessary, please attach worksheets. Fax Number 2 4 5 6 9 Schedule V **Unit of Allocation** Number of **Total Indirect Amount of Salary** Line (i.e., Days, Direct Cost, **Subunits Being** Cost Being **Cost Contained** Facility Allocation Square Feet) **Total Units** Allocated Among Allocated in Column 6 Units (col.8/col.4)x col.6 Reference Item 3 3 4 4 5 6 7 8 9 5 6 7 8 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 20 21 22 23

25 TOTALS

SEE ACCOUNTANTS' COMPILATION REPORT

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Page 8F 07/01/03 Ending: 06/30/04 Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning:

VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	
or parent organization costs? (See instructions.) YES NO	City / State / Zip Code	
- -	Phone Number	()
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	

	1	2	3	4	5	6	7	8	9	\top
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1			~ 1 • • • • • • • • • • • • • • • • •			\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10 11
12										12
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16										16
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18										18
19										19
20										20
21										21
22	·									22
23	·							-		23
24		·								24
25	TOTALS					\$	\$		\$	25

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Page 8G # 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04 Facility Name & ID Number Lutheran Home For The Aged

VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	
or parent organization costs? (See instructions.) YES NO	City / State / Zip Code	
 -	Phone Number	
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	

	1	2	3	4	5	6	7	8	9	\top
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1			1 1			\$	\$		\$	1
2										2
3										3
4										4
5										5
7										7
8										8
9										9
10										10
11										11
12										12
13										12 13
14										14
15										15
16										16
17										17
18 19			<u> </u>							18 19
20										20
21										20 21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

STA	TE	OF	TT 1	IN	OIC

Page 8H 07/01/03 Ending: 06/30/04 Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning:

VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	
or parent organization costs? (See instructions.) YES NO	City / State / Zip Code	
_	Phone Number	()
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	()

	1	2	3	4	5	6	7	8	9	\top
	Schedule V	_	Unit of Allocation	-	Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1			~ 1			\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10 11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19								_		19
20								-		20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		 \$	25

STATE OF ILLINOIS Page 8I
Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04

VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	
or parent organization costs? (See instructions.) YES NO	City / State / Zip Code	
	Phone Number	
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	

	1 Schedule V	2	3 Unit of Allocation	4	5 Number of	6 Total Indirect	7 Amount of Salary	8	9	
								F 924	A.D	
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1						\$	\$		\$	1
2										2
3										3
4										4
5			<u> </u>							5
7			1							7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
24										23
	TOTALC					6	¢.		S	25
25	TOTALS					\$	\$		3	25

		STATE OF I	ILLINOIS			Page 9
Facility Name & ID Number	Lutheran Home For The Aged	# 0005090	Report Period Beginning:	07/01/03	Ending:	06/30/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

_	1	2	3	4	5	6	7	8	9	10	
	Name of Lender	Related**	-	Monthly Payment	Date of		unt of Note	Maturity Date	Interest Rate	Reporting Period Interest	
	A Di al Di alia Di alia	YES NO)	Required	Note	Original	Balance		(4 Digits)	Expense	_
	A. Directly Facility Related	_									
	Long-Term					T _a	Ta				
1						\$	\$			\$	1
2											2
3											3
4											4
5	See Supplemental Schedule										5
	Working Capital										
6	Interest on Resident Assets	X								9,584	6
7											7
8	See Supplemental Schedule										8
9	TOTAL Facility Related					\$	\$			\$ 9,584	9
	B. Non-Facility Related*										
10	Revenue Bonds	X	Residential Unit Construction			24,285,000	27,244,604	8/15/26	various	1,066,145	10
11											11
12											12
13	See Supplemental Schedule									(482,160)	13
	TOTAL Non-Facility Related					\$ 24,285,000	\$ 27,244,604			\$ 583,985	14
15	TOTALS (line 9+line14)					\$ 24,285,000	\$ 27,244,604			\$ 593,569	15

¹⁶⁾ Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line #

^{*} Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

^{**} If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

2 10 Reporting Monthly Maturity Interest Period Name of Lender Related** **Purpose of Loan Payment Amount of Note** Date Rate Interest Date of YES NO Required Original Note Balance (4 Digits) Expense A. Directly Facility Related Long-Term 1 2 2 3 3 4 4 5 5 6 6 7 TOTAL Long-Term 7 **Working Capital** 8 9 9 10 10 11 11 12 12 13 13 14 14 TOTAL Working Capital B. Non-Facility Related* (104,046) 15 15 Non-Care Interest (405,208) 16 Investment Income 16 17 Allocation from LHSA 27,094 17 18 18 19 19 20 TOTAL Non-Facility Related (482,160) 20

^{*} Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.

(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

^{**} If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

STATE OF ILLINOIS Page 10
0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

B. Real Estate Taxes							
Real Estate Tax accrual used on 2003 report.	eport. bill must accompany the cost report.						
2. Real Estate Taxes paid during the year: (Indicate the ta	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)						
3. Under or (over) accrual (line 2 minus line 1).	\$	3					
4. Real Estate Tax accrual used for 2004 report. (Detail	\$	4					
5. Direct costs of an appeal of tax assessments which has (Describe appeal cost below. Attach copies	1	1 0		s	5		
6. Subtract a refund of real estate taxes. You must offset classified as a real estate tax cost plus one-half of any TOTAL REFUND \$ For	• • • • • • • • • • • • • • • • • • • •	al estate tax appeal	board's decision.)	s	6		
7. Real Estate Tax expense reported on Schedule V, line	33. This should be a combination of lines 3 thru 6.			s	7		
Real Estate Tax History:							
Real Estate Tax Bill for Calendar Year: 1999	8		FOR OHF USE ONLY				
2000 2001	9 10	13	FROM R. E. TAX STATEMENT I	FOR 2003 \$	13		
2002 2003	11 12	14	PLUS APPEAL COST FROM LIN	NE 5 \$	14		
		15	LESS REFUND FROM LINE 6	\$	15		
		16	AMOUNT TO USE FOR RATE O	CALCULATION \$	10		

NOTES:

- 1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
- If facility is a non-profit which pays real estate taxes, you must attach a denial of an
 application for real estate tax exemption unless the building is rented from a for-profit entity.
 This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FAC	ILITY NAME Luth	neran Home For The A	ged		COUNTY	Cook	
FAC	ILITY IDPH LICENSE	NUMBER 000509	0				
CON	TACT PERSON REGA	RDING THIS REPOR	T Steve Lavenda				
TELI	EPHONE (847)236-111	11	FAX#	: (847)236-1	155		
A.	Summary of Real Esta	ate Tax Cost					
	cost that applies to the home property which is	operation of the nursing vacant, rented to other	assessed for 2003 on the ghome in Column D. It or organizations, or used any period other than company and period other period oth	Real estate tax for purposes of	applicable to other than lon	any portion	of the nursing
	(A)		(B)		(C)		(D)
1.	Tax Index Numl		roperty Description		Total Tax	\$	Tax Applicable to Nursing Home
2.							
3.							
4.							
5.						_	
6. 7							
8. 9.				_			
9. 10.						_ 5_	
10.						_	
			TOTAL	s \$_		\$	
B.	Real Estate Tax Cost	Allocations					
	Does any portion of the used for nursing home		than one nursing home YES	vacant proper NO	rty, or propert	ty which is r	not directly
			hich shows the calculation				ome.
C.	Tax Bills						

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

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IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FAC	ILITY NAME	Lutheran Home Fo	The Aged		COUNTY	Cook	
FAC	ILITY IDPH LICE	ENSE NUMBER	0005090				
CON	TACT PERSON I	REGARDING THIS	REPORT Steve Lave	enda			
TEL	EPHONE (847)2:	36-1111		FAX #: (847)23	6-1155		
A.	Summary of Re	al Estate Tax Cost					
	cost that applies thome property w	to the operation of the hich is vacant, rented	tate tax assessed for 2 nursing home in Col to other organization cost for any period ot	umn D. Real estate t s, or used for purpose	tax applicable to es other than lon	any portion	of the nursing
	(A)	(B)		(C)		(D) Tax
	Tax Index	<u>Number</u>	Property Descr	iption	Total Tax		Applicable to Nursing Home
1.					\$	\$	
2.					\$		
3.					\$		
4.					\$		
5.		-			\$		
6. 7							
8.					§		
9.					\$		
10.					\$		
				<u> </u>		_	
				TOTALS	\$	\$	
B.	Real Estate Tax	Cost Allocations					
	Does any portion used for nursing		o more than one nurs	ing home, vacant pro	operty, or proper	ty which is	not directly
			edule which shows the				nome.
C	Tay Dille						

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which

is normally paid during 2001.

Page 10B

STATE OF ILLINOIS

Page 11

Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04 X. BUILDING AND GENERAL INFORMATION: 315,041 **B.** General Construction Type: **Brick Number of Stories** Square Feet: Exterior Frame Does the Operating Entity? X (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization. (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.) X (c) Rent equipment from Completely Does the Operating Entity? X (a) Own the Equipment (b) Rent equipment from a Related Organization. Unrelated Organization. (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.) List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable). Lutheran Home & Services for the Aged, Inc. - Parent Corporation Lutheran Community Services for the Aged, Inc. - Family Support Services Lutheran Foundation for the Aged - Fund Raising Activities Hearthstone Supportive Apartments - 100 beds, 89,048 square feet Child Day Care - 6448 square feet Adult Day Care - 5088 square feet NO Does this cost report reflect any organization or pre-operating costs which are being amortized? YES If so, please complete the following: 1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized: 3. Current Period Amortization: 4. Dates Incurred: Nature of Costs: (Attach a complete schedule detailing the total amount of organization and pre-operating costs.) XI. OWNERSHIP COSTS: 2 3 Square Feet Year Acquired A. Land. Use Cost **Patient Care** 871,200 1922 20,000 Cemetary 43,560 189 225

914,760

3 TOTALS

SEE ACCOUNTANTS' COMPILATION REPORT

20,225

	B. Bullain	g Depreciation-Including Fixed Eq	uipment. (See insti	ructions.) Koun	id all numbers to nea	rest dollar.					
	1		2	3	4	5	6	7	8	9	
		FOR OHF USE ONLY	Year	Year		Current Book	Life	Straight Line		Accumulated	
	Beds*		Acquired	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
4	125		1953	-,	\$ 1,242,090	\$	50	\$	\$	\$ 1,242,090	4
5			1962	1962	82,773	2,365	50	2,365		73,192	5
6	102		1966	1966	1,196,550	34,187	50	34,187		950,422	6
7	126		1973	1973	2,431,047	69,458	50	69,458		1,590,597	7
8	126		1978	1978	3,398,949	97,113	50	97,113		1,952,085	8
	Improv	ement Type**	•								
9	Various			1976	10,801		20	309	309	6,636	9
10	Various			1980	128,110		20	3,660	3,660	68,446	10
11	Various			1981	1,686,911		20	48,198	48,198	867,555	11
12	Various			1982	881,456		20	25,184	(25,184)	435,688	12
13	Various			1983	733,983		20	20,971	20,971	348,119	13
14	Various			1984	650,719		20	18,592	18,592	295,612	14
15	Various			1985	335,901		20	9,597	9,597	145,876	15
16	Various			1986	31,815		20	909	909	13,180	16
17	Various			1987	36,747		20	1,050	1,050	14,489	17
18	Various			1988	125,105		20	3,574	3,574	46,823	18
19	Various			1989	5,271		20	151	151	1,868	19
20	Various			1990	9,600		20	274	274	2,934	20
21	Various			1991	65,975		20	1,885	1,885	20,736	21
22	Various			1992	254,620		20	7,275	7,275	74,209	22
23	Various			1993	60,706		20	1,734	1,734	16,650	23
24	Various			1994	164,661		20	4,705	4,705	41,873	24
25	Various			1995	40,474		20	1,156	1,156	9,481	25
26	Various			1996	40,722		20	1,165	1,165	8,497	26
27	Various			1997	20,182		20	576	576	3,902	27
28	Various			1998	7,103,694		20	210,704	210,704	1,197,970	28
29	Various			1999	4,703,451		20	138,801	138,801	709,356	29
30	Various			2000	732,300	<u> </u>	20	30,679	30,679	121,809	30
31								-		•	31
32								-		-	32
33								-		-	33
34								-		-	34
35						-	-	-		-	35
36	1			İ	1			-	1	_	36

See Page 12A, Line 70 for total SEE ACCOUNTANTS' COMPILATION REPORT

Page 12 06/30/04

^{*}Total beds on this schedule must agree with page 2.
**Improvement type must be detailed in order for the cost report to be considered complete.

Page 12A 06/30/04 STATE OF ILLINOIS Facility Name & ID Number Lutheran Home For The Aged # 000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0005090 Report Period Beginning: 07/01/03 Ending:

B. Building Depreciation-Including Fixed Equipment. (See inst	3	4	5	6	7	8	9	$\overline{}$
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
37		S	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50 51								50 51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66	1							66
67 Related Building Company (Pages 12-BLDG & 12A-BLDG)	1				ļ			67
68 Related Party Allocations (Pages 12-REP & 12A-REP)	<u> </u>		1,340,317			(1 240 217)		68 69
69 Financial Statement Depreciation	1	0 2(174(12			6 724.272	(1,340,317)	0 10 200 005	
70 TOTAL (lines 4 thru 69)		\$ 26,174,613	\$ 1,543,440		\$ 734,272	\$ (859,536)	\$ 10,260,095	70

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12B 06/30/04 STATE OF ILLINOIS Facility Name & ID Number Lutheran Home For The Aged # 0005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. 0005090 Report Period Beginning: 07/01/03 Ending:

I See instr	3	4	5	6	7	8	9	
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12A, Carried Forward		s 26,174,613	\$ 1,543,440		\$ 734,272	\$ (809,168)	\$ 10,260,095	1
2 Cabling-Acctg(9960)	2001	7,620		20	508	508	1,778	2
3 Cabling	2001	887		20	59	59	202	3
4 Cabling-Acctg(8815)	2001	6,744		20	450	450	1,537	4
5 Cabling	2001	770		20	51	51	174	5
6 Cabling	2001	2,391		20	159	159	543	6
7 Cabling	2001	660		20	44	44	150	7
8 Cabling	2001	2,397		20	160	160	547	8
9 Cabling	2001	1,950		20	56	56	177	9
10 Cabling	2001	613		20	18	18	55	10
11 Cabling	2001	279		20	8	8	25	11
12 Cabling	2001	448		20	13	13	40	12
13 Cabling	2001	180		20	5	5	15	13
14 Architect Fees	2001	46,189		20	1,320	1,320	4,510	14
15 Architect Fees	2001	5,867		20	168	168	574	15
16 Pantry Work	2001	79,365		20	2,268	2,268	7,749	16
17 J Wing In Service (2570,048)	2001	2,005,151		20	57,290	57,290	202,466	17
18 J Wing In Service (133,475)	2001	104,137		20	2,975	2,975	10,514	18
19 Building Cip In Service (2771,178)	2001	2,113,855		20	60,396	60,396	214,178	19
20 Credit From Bond Permit Fee	2001	(1,255)		20	(36)	(36)	(123)	20
21 Blinds	2001	798		20	40	40	137	21
22 Electrical Wiring-Acctg(2274)	2001	1,740		20	87	87	297	22
23 Electrical-Acctg (2678)	2001	2,049		20	102	102	340	23
24 Security Camera(1287)	2001	985		20	49	49	168	24
25 Sinks	2001	7,373		20	369	369	1,199	25
26 Hvac Compressor	2001	4,397		20	220	220	715	26
27 Roof Repair	2001	2,373		20	119	119	397	27
28 Boiler Repairs(5423)	2001	4,149		20	207	207	673	28
29 Butterfly Valve(1199)	2001	917		20	46	46	157	29
30 Electrical	2001	1,395		20	70	70	222	30
31 Circuit Breaker (2554)	2001	1,948		20	56	56	168	31
32 Windows	2001	10,885		20	311	311	907	32
33 Windows	2001	20,045		20	573	573	1,747	33
34 TOTAL (lines 1 thru 33)		\$ 30,611,915	\$ 1,543,440		\$ 862,433	\$ (681,007)	\$ 10,712,333	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12C 06/30/04 # 0005090 Report Period Beginning: 07/01/03 Ending:

B. Building Depreciation-Including Fixed Equipment. (See instr	uctions.) Round	u an numbers to near	est dollar.		7			
ı	year	4	Current Book	6 Life	/ C4	8	Accumulated	
I		C4	0		Straight Line	A -1:		
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	4.
1 Totals from Page 12B, Carried Forward	•	\$ 30,611,915	\$ 1,543,440	-	\$ 862,433	. (,)	\$ 10,712,333	1
2 Sinks, Countertops, Faudets	2001	12,280		20	351	351	877	2
3 Sinks, Countertops, Faucets	2001	14,596		20	417	417	973	3
4 Air Conditioning Units (7600)	2001	5,798		20	290	290	749	4
5 Compressor (27613)	2001	21,063		20	1,053	1,053	3,071	5
6 Carpet (16608)	2001	12,669		20	633	633	1,636	6
7 Barrier Gate (4728)	2001	3,607		20	180	180	465	7
8 Draperies	2001	2,940		20	147	147	368	8
9 Draperies	2001	966		20	48	48	120	9
10 Carpet (550)	2001	420		20	21	21	54	10
11 Electrical Panel (2845)	2001	2,170		20	109	109	281	11
12 Flooring	2001	2,600		20	130	130	379	12
13 Curtains	2001	2,752		20	138	138	391	13
14 Fence (1242)	2001	1,021		20	51	51	140	14
15 Parking Lot (8305)	2001	6,827		20	341	341	938	15
16 Flooring	2001	905		20	45	45	116	16
17 Elevator	2001	1,682		20	84	84	217	17
18 Electrical	2001	5,722		20	286	286	858	18
19 Generator (9174)	2001	7,541		20	377	377	1,100	19
20 Electrical	2001	637		20	32	32	96	20
21 Landscaping (4578)	2001	3,763		20	188	188	392	21
22 Gazebo (3435)	2001	2,824		20	141	141	423	22
23 H Wing Renovation (2,009,543)	2001	1,651,844		20	82,592	82,592	330,368	23
24 Blower, Heater, Penthouse (2355)	2001	1,796		20	90	90	240	24
25 Shut Off Valves & Pipe Wrap (3802)	2001	2,900		20	145	145	375	25
26 Masonry Work G-Wing	2001	20,760		20	1,038	1,038	2,595	26
27 Masonry Work E-Wing	2001	17,695		20	885	885	2,212	27
28 Masonry Work E-Wing	2001	9,840		20	492	492	1,230	28
²⁹ Masonry Work H-Wing (15,930)	2001	13,094		20	655	655	1,637	29
30 Masonry Work G-Wing	2001	26,965		20	1,348	1,348	3,370	30
31 Chain Link Fence (2980)	2002	2,274		20	65	65	162	31
32 Ceiling Tiles	2002	3,362		20	96	96	232	32
33 Cabling (688)	2002	525		20	15	15	36	33
34 TOTAL (lines 1 thru 33)		\$ 32,475,753	\$ 1,543,440		\$ 954,916	\$ (588,524)	\$ 11,068,434	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12D 06/30/04 STATE OF ILLINOIS Facility Name & ID Number Lutheran Home For The Aged
XI. OWNERSHIP COSTS (continued) 0005090 Report Period Beginning: 07/01/03 Ending:

R Ruilding Denreciation-Including	g Fixed Equipment (See instru	ictions) Round all numbers to nearest	dollar

1	3	1	4	5	6	7	8	9	\neg
	Year			Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed		Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12C, Carried Forward		\$	32,475,753	\$ 1,543,440		\$ 954,916	\$ (588,524)	\$ 11,068,434	1
2 Cabling (608)	2002		464		20	13	13	32	2
3 Doors	2002		6,950		20	199	199	481	3
4 Vinyl Tile	2002		1,015		20	29	29	68	4
5 Sinks, Countertops, Faucets	2002		19,928		20	569	569	1,328	5
6 Sealants	2002		7,450		20	213	213	497	6
7 Decorating	2002		750		20	21	21	47	7
8 Cabling (2091)	2002		1,595		20	46	46	103	8
9 Sinks, Countertops, Faudets	2002		23,452		20	670	670	1,508	9
10 Painting & Decorating	2002		9,550		20	273	273	591	10
11 Painting & Decorating (5325)	2002		4,062		20	116	116	251	11
12 Wall Repair (7088)	2002		5,407		20	154	154	347	12
13 Signs	2002		1,940		20	55	55	119	13
14 Door System (3300)	2002		2,517		20	72	72	168	14
15 Computer Cabling (2305)	2002		1,758		20	50	50	108	15
16 Computer Cabling (1456)	2002		1,111		20	32	32	67	16
17 Floor Tiles(2150)	2002		1,640		20	47	47	102	17
18 Roof Top Unit (137,740)	2002		105,068		20	3,002	3,002	6,254	18
19 Alarm System	2002		33,632		20	1,682	1,682	4,205	19
20 Alarm System	2002		8,075		20	404	404	976	20
21 Light Fixtures	2002		1,298		20	65	65	141	21
22 Hot Water Pumping System (4620)	2002		3,524		20	176	176	411	22
23 Light Fixtures (3875)	2002		2,956		20	148	148	333	23
24 Hot Water Pumps (36170)	2002		27,590		20	1,380	1,380	3,105	24
25 Security System (110,099)	2002		83,984		20	4,199	4,199	8,748	25
26 Draperies (2144)	2002		1,635		20	82	82	178	26
27 Door System	2002		633		20	32	32	69	27
28 Generator (2118)	2002		1,741		20	87	87	218	28
29 Boiler / Water Heater (1854)	2002		1,524		20	76	76	184	29
30 Water Heater (1097)	2002		902		20	45	45	109	30
31 Hvac (1290)	2002		1,060		20	53	53	124	31
32 Da Tank (2784)	2002		2,288		20	114	114	257	32
33 Hot Water System (1062)	2002		873		20	44	44	106	33
34 TOTAL (lines 1 thru 33)		\$	32,842,125	\$ 1,543,440		\$ 969,064	\$ (574,376)	\$ 11,099,669	34

 $^{{\}rm **Improvement\ type\ must\ be\ detailed\ in\ order\ for\ the\ cost\ report\ to\ be\ considered\ complete}.$

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XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0005090 Report Period Beginning: 07/01/03 Ending:

1	3	4	5	6	7	8	9	
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12D, Carried Forward		\$ 32,842,125	\$ 1,543,440		\$ 969,064	\$ (574,376)	\$ 11,099,669	1
2 Elevator	2002	1,865		20	93	93	194	2
3 Door	2002	595		20	30	30	62	3
4 Generator (1050)	2002	863		20	43	43	90	4
5 Landscaping (1553)	2002	1,277		20	64	64	139	5
6 Punch Tubes	2002	1,960		20	98	98	212	6
7 Exit Sign	2002	683		20	34	34	85	7
8 Landscaping (1724)	2002	1,417		20	71	71	156	8
9 Painting / Decorating	2002	4,675		20	234	234	565	9
10 Painting / Decorating	2002	4,464		20	223	223	539	10
11 Pump (2547)	2002	2,094		20	105	105	227	11
12 Enclosure - Across From Folding Room (3150)	2002	2,402		20	120	120	300	12
13 Carpeting With Vinyl Base	2002	17,263		20	863	863	2,014	13
14 Sinks, Counters, Wardrobes	2002	23,402		20	1,170	1,170	2,730	14
15 Ortronics Module Patch Panel (153)	2002	116		20	6	6	14	15
16 Partial Billing - Eml (20,980)	2002	16,004		20	800	800	1,867	16
17 Speakers From Overhead Page System (4087)	2002	3,118		20	156	156	364	17
18 Speakers From Overhead Page System (1183)	2002	902		20	45	45	105	18
19 Security System (1125)	2002	858		20	43	43	100	19
20 Security System (907)	2002	692		20	35	35	82	20
21 H Wing Renovation - Acctg & Computer (165,000)	2002	125,862		20	6,293	6,293	25,172	21
22 5 A/C Units Nursing Pavilion	2002	283,900		20	14,195	14,195	56,780	22
Phone System (159)	2002	121		20	6	6	12	23
24 Phone System	2002	671		20	34	34	68	24
25 Roof Top Units (4640)	2002	3,539		20	177	177	354	25
26 Gas Piping (119,900)	2002	91,460		20	4,573	4,573	9,146	26
Phone System (1100)	2002	839		20	42	42	84	27
28 Wiring - Alarm System	2002	15,130		20	757	757	1,514	28
Phone System (1647)	2002	502		20	25	25	50	29
30 Roof Top Units (5000)	2002	3,814		20	191	191	382	30
31 Security System (9975)	2002	7,609		20	380	380	760	31
32 Water Heater (38000)	2002	28,986		20	1,449	1,449	2,898	32
33 Water Heater (29000)	2002	22,121	0 1 5 12 112	20	1,106	1,106	2,212	33
34 TOTAL (lines 1 thru 33)		s 33,511,329	\$ 1,543,440		\$ 1,002,525	\$ (540,915)	\$ 11,208,946	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

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XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0005090 Report Period Beginning: 07/01/03 Ending:

B. Building Deprectation-Including Fixed Equipmen	3	4	5	6	7	8	9	\Box
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12E, Carried Forward		s 33,511,329	\$ 1,543,440		s 1,002,525	\$ (540,915)	s 11,208,946	1
Water Heater (41000)	2002	31,275		20	1,564	1,564	3,128	2
3 Water Heater (10000)	2002	7,628		20	381	381	762	3
4 Plumbing (1375)	2002	1,049		20	52	52	104	4
5 Plumbing (3790)	2002	2,891		20	145	145	290	5
6 Sewer Lines (11730)	2002	8,948		20	447	447	894	6
7 Structural Repairs (42167	2002	32,165		20	1,608	1,608	3,216	7
8 Pavement Repairs (6931)	2002	5,287		20	264	264	528	8
9 Survey (1182)	2002	902		20	45	45	90	9
10 Engineering (5500)	2002	4,195		20	210	210	420	10
11 Sewer Lines (3225)	2002	2,460		20	123	123	246	11
12 Engineering (4903	2002	3,740		20	187	187	374	12
13 Locks (509)	2002	389		20	19	19	38	13
14 Door Closures (1358)	2002	1,036		20	52	52	104	14
15 Pump, Circulator (708)	2002	540		20	27	27	54	15
16 Door Closures (992)	2002	757		20	38	38	76	16
17 Landscaping (3088)	2002	2,355		20	118	118	236	17
18 Landscaping (970)	2002	740		20	37	37	74	18
19 Canopy (950)	2002	725		20	36	36	72	19
20 Compression Couplers (2000)	2002	1,526		20	76	76	152	20
21 Electrical Circuits (5120)	2002	3,906		20	195	195	390	21
22 Carpet Repair (1656)	2002	1,263		20	63	63	126	22
23 Entrance Door Repair (849)	2002	648		20	32	32	64	23
24 Security System (1770)	2002	1,350		20	68	68	136	24
25 Hot Water Boilers (2271)	2002	1,732		20	87	87	174	25
Plumbing, Piping (637)	2002	486		20	24	24	48	26
Condensate Pump (872)	2002	665		20	33	33	66	27
28 Flooring	2002	759		20	38	38	76	28
29 Motor (1546)	2002	1,179		20	59	59	118	29
30 Security System (1196)	2002	912		20	46	46	92	30
31 Phone System (326)	2003	249		20	12	12	24	31
32 Kitchen Design (7200)	2003	5,492		20	275	275	550	32
33 Kitchen Design (7875)	2003	6,007		20	300	300	600	33
34 TOTAL (lines 1 thru 33)		\$ 33,644,585	\$ 1,543,440		\$ 1,009,186	\$ (534,254)	\$ 11,222,268	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12G 06/30/04 Facility Name & ID Number Lutheran Home For The Aged # 000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0005090 Report Period Beginning: 07/01/03 Ending:

1	3	4	5	6	7	8	9	
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12F, Carried Forward		\$ 33,644,585	\$ 1,543,440		\$ 1,009,186	\$ (534,254)	\$ 11,222,268	1
2 Signage	2003	200		20	10	10	20	2
3 Locks	2003	5,056		20	253	253	506	3
4 Signage	2003	86		20	4	4	8	4
5 Kitchen Design (512)	2003	390		20	20	20	40	5
6 Elevator Repair	2003	3,064		20	153	153	306	6
7 Signage	2003	4,723		20	236	236	472	7
8 Plumbing (270)	2003	206		20	10	10	20	8
9 Phone System	2003	120		20	6	6	12	9
10 Phone System	2003	770		20	39	39	78	10
11 Ceiling Tile	2003	2,688		20	134	134	268	11
12 Phone System	2003	100		20	5	5	10	12
13 Electrical Lines (4556)	2003	3,475		20	174	174	348	13
14 Nurse Call System	2003	23,500		20	1,175	1,175	2,350	14
15 Nurse Call System	2003	62,243		20	3,112	3,112	6,224	15
16 Phone System (1691)	2003	856		20	43	43	86	16
Nurse Call System	2003	30,000		20	1,500	1,500	3,000	17
18 Phone System (442)	2003	337		20	17	17	34	18
Ceiling Tile (9374)	2003	7,150		20	358	358	716	19
20 Roof Top Units (20000)	2003	15,256		20	763	763	1,526	20
Roof Top Units (6260)	2003	4,775		20	239	239	478	21
22 Carpeting	2003	2,950		20	148	148	296	22
23 Carpeting	2003	2,880		20	144	144	288	23
24 Carpeting	2003	3,625		20	181	181	362	24
25 Pump (6800)	2003	5,187		20	259	259	518	25
26 Compressor (11795)	2003	8,997		20	450	450	900	26
27 Phone System (565366)	2003	431,261		20	21,563	21,563	43,126	27
28 Phone System (52202)	2003	39,820		20	1,991	1,991	3,982	28
29 Landscaping (1236)	2003	943		20	47	47	94	29
30 Sprinkler Heads (681)	2003	519		20	26	26	52	30
Roof Exhaust Fan (650)	2003	496		20	25	25	50	31
32 Boiler Repair (2130)	2003	1,625		20	81	81	162	32
33 Pipe Replacement (2350)	2003	1,793		20	90	90	180	33
34 TOTAL (lines 1 thru 33)		\$ 34,309,676	\$ 1,543,440		\$ 1,042,442	\$ (500,998)	\$ 11,288,780	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12H 06/30/04 Facility Name & ID Number Lutheran Home For The Aged # 000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0005090 Report Period Beginning: 07/01/03 Ending:

B. Building Depreciation-Including Fixed Equipment. (S	3	4	5	6	7	8	9	
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12G, Carried Forward		\$ 34,309,676	\$ 1,543,440		\$ 1,042,442	\$ (500,998)	\$ 11,288,780	1
2 Elevator Repair (764)	2003	583		20	29	29	58	2
3 Elevator Repair (764)	2003	583		20	29	29	58	3
4 Fire Alarm Work (2280)	2003	1,739		20	87	87	174	4
5 Exhaust Fan (1320)	2003	1,007		20	50	50	100	5
6 Hvac (4235)	2003	3,230		20	162	162	324	6
7 Piping (800)	2003	610		20	31	31	62	7
8 Weatherproofing (5348)	2003	4,079		20	204	204	408	8
9 Chiller Repair (701)	2003	535		20	27	27	54	9
10 Hvac (1313)	2003	1,002		20	50	50	100	10
11 Hvac (1457)	2003	1,111		20	56	56	112	11
12 Dock Doors (1266)	2003	966		20	48	48	96	12
13 Roof Ventilator (657)	2003	501		20	25	25	50	13
Ceiling Tile (1994)	2003	1,521		20	76	76	152	14
15 Window Blinds (624)	2003	476		20	24	24	48	15
16 Flooring (1550)	2003	1,182		20	59	59	118	16
17 Painting / Decorating (5994)	2003	4,572		20	229	229	458	17
18 Nurse Call System - 1Ab, 2Ab	2003	20,000		20	1,000	1,000	1,000	18
19 Arch, Fees-Bathing Rms, Pavilion	2003	593		20	30	30	30	19
Arch, Fees-Kitchen Renovation (800)	2003	610		20	30	30	30	20
21 Christ Courtyard Trellis Wall (7500)	2003	5,721		20	286	286	286	21
Roof Replacement Permits (1607)	2003	1,226		20	61	61	61	22
Wiring-Paint Shop (285)	2003	218		20	11	11	11	23
Nurse Call System-1Ab,2Ab-Bal. Due	2003	17,252		20	863	863	863	24
Wiring To Chapel Office (485)	2003	370		20	18	18	18	25
26 1St InvRelocate & Add On To Fire Panel (10,150)	2003	7,742		20	387	387	387	26
Permit For Bathing/Shower Work	2003	2,059		20	103	103	103	27
Fire Alarm Work (26,028)	2003	19,854		20	993	993	993	28
Chapel/Seegers Roof Work (9660)	2003	7,369		20	368	368	368	29
30 Chapel/Seegers Roof Work (45,125)	2003	34,421		20	1,721	1,721	1,721	30
31 Wiring In Olson Center & Computer Rm. (560)	2003	427		20	21	21	21	31
32 Kitchen Remodeling (2298)	2003	1,753		20	88	88	88	32
33 Bathroom Remodeling	2003	2,855		20	143	143	143	33
34 TOTAL (lines 1 thru 33)		\$ 34,455,843	\$ 1,543,440		\$ 1,049,752	\$ (493,688)	\$ 11,297,276	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

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XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0005090 Report Period Beginning: 07/01/03 Ending:

B. Building Depreciation-Including Fixed Equipment. (3	4	5	6	7	8	9	Т
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12H, Carried Forward		\$ 34,455,843	\$ 1,543,440		\$ 1,049,752	\$ (493,688)	s 11,297,276	1
2 Fire Panel Moved To Oakton Sq. Ent.	2003	24,807		20	1,240	1,240	1,240	2
3 Compressor Replacement (14,140)	2003	10,786		20	539	539	539	3
4 Seegers Rooftop Hyac (Partial) (61,200)	2003	46,683		20	2,334	2,334	2,334	4
5 Change Orders-Seegers Rooftop Hvac (71,800)	2003	54,769		20	2,738	2,738	2,738	5
6 Seegers Rooftop Hyac (Partial) (11,300)	2003	8,620		20	431	431	431	6
7 Furnish & Install Trane 6 Rooftop Units (9290)	2003	7,086		20	354	354	354	7
8 2 Freedom Baths	2003	18,145		20	907	907	907	8
9 Intrusion Detector System-Hipaa	2003	24,601		20	1,230	1,230	1,230	9
10 Intrusion Detector System-Hipaa	2003	8,476		20	424	424	424	10
11 Security Camera Repair (2573)	2003	1,962		20	98	98	98	11
12 Hvac (Motor, Blades) (1714)	2003	1,307		20	65	65	65	12
13 Entrance Auto Door (1218)	2003	929		20	46	46	46	13
14 Duct Sensor Housing (1655)	2003	1,262		20	63	63	63	14
15 Elevator Repair (816)	2003	622		20	31	31	31	15
16 Boiler Repair (1459)	2003	1,113		20	56	56	56	16
17 Elevator Repair (644)	2003	491		20	25	25	25	17
18 Duct Work (1111)	2003	847		20	42	42	42	18
19 Parking Signs (838)	2003	639		20	32	32	32	19
20 Landscaping (11645)	2003	8,883		20	444	444	444	20
21 Landscaping (7989)	2003	6,094		20	305	305	305	21
22 Landscaping (1668)	2003	1,272		20	64	64	64	22
23 Landscaping (7076)	2003	5,398		20	270	270	270	23
24 Paint (4090)	2003	3,120		20	156	156	156	24
25 Pavement Repair (9062)	2003	6,912		20	346	346	346	25
26 Paint (505)	2003	385		20	19	19	19	26
27 Plumbing (518)	2003	395		20	20	20 103	20	27
28 Pavement Repair (2700)	2003	2,060		20	103		103	28
29 Hvac - Return Duct (701)	2003	535 755		20	27 38	27 38	27	29
30 Roof Top Units - Guages (990)	2003 2003	/55 990		20	50	50 50	38	30 31
31 Roof Top Units - Valves (1298) 32 Paint (964)	2003	735		20	37	37	50	31
1 ant (704)	2003	751				38		_
33 Paint (984)	2003		0 1542 440	20	38		38	33
34 TOTAL (lines 1 thru 33)	1	s 34,707,274	\$ 1,543,440		\$ 1,062,323	\$ (481,117)	\$ 11,309,847	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

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XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment, (See instructions.) Round all numbers to nearest dollar. # 0005090 Report Period Beginning: 07/01/03 Ending:

1	ructions.) Round	4	5	6	7	8	9	
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12I, Carried Forward		\$ 34,707,274	\$ 1,543,440		s 1,062,323	\$ (481,117)	\$ 11,309,847	1
2 Paint (779)	2003	594		20	30	30	30	2
3 Paint (902)	2003	688		20	34	34	34	3
4 Paint (902)	2003	688		20	34	34	34	4
5 Paint (943)	2003	719		20	36	36	36	5
6 Completion Christ Courtyardtrelliswall (7500)	2004	5,721		20	286	286	286	6
7 Wiring To Security Office (1797)	2004	1,371		20	69	69	69	7
8 A&B Shower Remodeling, 1.2 & 3	2004	18,000		20	900	900	900	8
9 Wiring In Nurse Mgr'S Offices	2004	455		20	23	23	23	9
10 Asbestos Abatement In A Shower Rms	2004	2,475		20	124	124	124	10
11 Hvac Rooftop Unit Replacement (95,500)	2004	72,847		20	3,642	3,642	3,642	11
12 Bathing Suites A Wing 1,2,&3	2004	4,708		20	235	235	235	12
13 Bathing Suites A Wing 1,2,&3	2004	2,535		20	127	127	127	13
14 Bathing Suites A Wing 1,2,&3	2004	40,050		20	2,003	2,003	2,003	14
15 Bathing Suites A Wing 1,2,&3	2004	7,500		20	375	375	375	15
16 Bathing Suites A Wing 1,2,&3	2004	7,350		20	368	368	368	16
17 Bathing Suites A Wing 1,2,&3	2004	1,163		20	58	58	58	17
18 Kitchen Phase Ii & Dish Room (15,500)	2004	11,823		20	591	591	591	18
19 Bathing Suites A Wing 1,2,&3	2004	34,000		20	1,700	1,700	1,700	19
20 Bathing Suites A Wing 1,2,&3	2004	995		20	50	50	50	20
21 2 Data Wire Run - J Hub (4075)	2004	3,108		20	155	155	155	21
22 2 Data Wire Run - J Hub (226)	2004	173		20	9	9	9	22
23 Repair To Elev. #6 - Partial Payment	2004	18,000		20	900	900	900	23
24 6 Tilt Mirrors	2004	636		20	32	32	32	24
25 Grab Bars	2004	3,140		20	157	157	157	25
26 Kitchen Phase Ii & Dish Room (4000)	2004	3,051		20	153	153	153	26
27 Bathing Suites A Wing 1,2,&3	2004	1,710		20	86	86	86	27
28 Bathing Room Renovations	2004	7,641		20	382	382	382	28
29 Kitchen Remodeling Dish Room (26,580)	2004	20,275		20	1,014	1,014	1,014	29
30 Olson A Wing Bathing Suites	2004	4,500		20	225	225	225	30
31 Olson A Wing Bathing Suites	2004	3,275		20	164	164	164	31
32 Olson A Wing Bathing Suites	2004	2,000		20	100	100	100	32
33 Kitchen Remodeling Dish Room (1000)	2004	763		20	38	38	38	33
34 TOTAL (lines 1 thru 33)		\$ 34,989,230	\$ 1,543,440		\$ 1,076,421	\$ (467,019)	\$ 11,323,945	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12K 06/30/04 Facility Name & ID Number Lutheran Home For The Aged # 000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0005090 Report Period Beginning: 07/01/03 Ending:

1	3	4	5	6	7	8	9	
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12J, Carried Forward		s 34,989,230	\$ 1,543,440		\$ 1,076,421	\$ (467,019)	\$ 11,323,945	1
2 Olson A Wing Bathing Suites	2004	9,000		20	450	450	450	2
3 Kitchen Remodeling Dish Room (1500)	2004	1,144		20	57	57	57	3
4 Scanning Of Concrete For Elec Runs	2004	500		20	25	25	25	4
5 Olson A Wing Bathing Suites	2004	10,500		20	525	525	525	5
6 Bathing Room Quartz Floors	2004	6,750		20	338	338	338	6
7 Olson A Wing Bathing Suites	2004	10,500		20	525	525	525	7
8 Replace Domestic Water Pipes	2004	3,730		20	187	187	187	8
9 2 Data Wire Runs (561)	2004	428		20	21	21	21	9
10 Rooftop Unit (1020)	2004	778		20	39	39	39	10
11 Rooftop Unit (538)	2004	411		20	21	21	21	11
12 Rooftop Unit (724)	2004	552		20	28	28	28	12
13 Rooftop Unit (471)	2004	359		20	18	18	18	13
14 Rooftop Unit (775)	2004	591		20	30	30	30	14
15 Rooftop Unit (793)	2004	605		20	30	30	30	15
16 Rooftop Unit (848)	2004	647		20	32	32	32	16
17 Rooftop Unit (1003)	2004	765		20	38	38	38	17
18 Rooftop Unit (918)	2004	700		20	35	35	35	18
19 Connections (390)	2004	297		20	15	15	15	19
20 Testing Of Phone Cables (210)	2004	160		20	8	8	8	20
21 Olson A Wing Bathing Suites-Hdwe.	2004	1,831		20	92	92	92	21
22 Kitchen Dish Room (12,640)	2004	9,642		20	482	482	482	22
23 Kitchen Dish Room Sprinkler System (8000)	2004	6,102		20	305	305	305	23
24 Kitchen Dish Room Ceiling (2000)	2004	1,526		20	76	76	76	24
25 Olson A Wing Bathing Suites-Ceilings	2004	2,280		20	114	114	114	25
26 Kitchen Dish Room - Electrical (7000)	2004	5,340		20	267	267	267	26
27 Olson A Wing Bathing Suites - Plumb	2004	8,333		20	417	417	417	27
28 Kitchen Dish Room - Plumbing (10,000)	2004	7,628		20	381	381	381	28
Olson A Wing Bathing Suites - Elec.	2004	6,750		20	338	338	338	29
30 Bathing Suites - Paint & Paper	2004	1,575		20	79	79	79	30
31 Bathing Suites - Supervis.& Overhead	2004	3,000		20	150	150	150	31
32 Kitchen Dish Room (2300)	2004	1,754		20	88	88	88	32
33 Bathing Suites - Carpentry	2004	7,650		20	383	383	383	33
34 TOTAL (lines 1 thru 33)		\$ 35,101,058	\$ 1,543,440		\$ 1,082,012	\$ (461,428)	\$ 11,329,536	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12L 06/30/04 Facility Name & ID Number Lutheran Home For The Aged # 000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. 0005090 Report Period Beginning: 07/01/03 Ending:

B. Building Depreciation-Including Fixed Equipment. (3	4	5	6	7	8	9	\top
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12K, Carried Forward		\$ 35,101,058	\$ 1,543,440		\$ 1,082,012	\$ (461,428)	\$ 11,329,536	1
2 Kitchen Dish Room - Carpentry, Demo (11,750)	2004	8,963		20	448	448	448	2
3 Bathing Suites - Flooring	2004	6,750		20	338	338	338	3
4 Kitchen Dish Room - Flooring (16,500)	2004	12,586		20	629	629	629	4
5 Bathing Suites - Flooring	2004	6,750		20	338	338	338	5
6 Kitchen Dish Room - Flooring (16,500)	2004	12,586		20	629	629	629	6
7 Bathing Suites - Hvac	2004	1,926		20	96	96	96	7
8 Kitchen Dish Room - Hvac (3580)	2004	2,731		20	137	137	137	8
9 Olson A Wing Bathing - Pull Stations	2004	1,900		20	95	95	95	9
10 Bathing Suites - 3 Fl Call Stations	2004	1,995		20	100	100	100	10
11 Pavilion Locks & Hardware	2004	9,811		20	491	491	491	11
12 Service Platform For Rooftop Unit (6213)	2004	4,739		20	237	237	237	12
13 Correct Gl (1127)	2004	860		20	43	43	43	13
14 Data Wire For Office (548)	2004	418		20	21	21	21	14
15 Use Of Kitchen (10,000)	2004	7,628		20	381	381	381	15
16 Pavilion Ceiling Tiles	2004	2,710		20	135	135	135	16
17 3A & 3B Ceiling Tiles	2004	3,827		20	191	191	191	17
18 Plumbing For Bathing Suites A Wing	2004	10,124		20	506	506	506	18
19 Cabinets For Bathing Suites A Wing	2004	4,150		20	208	208	208	19
20 Electrical For Bathing Suites A Wing	2004	1,000		20	50	50	50	20
21 Hvac Bathing Suites A Wing	2004	2,449		20	122	122	122	21
22 Data Wire Runs To Nursing Stations	2004	1,022		20	51	51	51	22
23 Freedom Bath & Control System	2004	9,067		20	453	453	453	23
Install. 3 Card Readers&Door Contacts (2890)	2004	2,204		20	110	110	110	24
25 Install. 6 Magnetic Door Locks (3600)	2004	2,746		20	137	137	137	25
26 Rooftop Unit (4065)	2004	3,101		20	155	155	155	26
27 Rooftop Unit (22,897)	2004	17,466		20	873	873	873	27
28 Port. Projection Screen & Case (527)	2004 2004	402		20	20	20	20	28 29
29 Electrical - Parking Lot Lights (561)		428		20 20	21	21	21	
30 Elevator Repair (679)	2004 2004	518 451		20	26 23	26 23	26 23	30 31
31 Hyac (591) 32 Hyac (802)	2004	612		20	31	31	31	31
11vac (002)	2004	587		20	29	29	29	33
Generator Repair (770)	2004		0 1 5 42 440	20				
34 TOTAL (lines 1 thru 33)		\$ 35,243,565	\$ 1,543,440		\$ 1,089,138	\$ (454,302)	\$ 11,336,662	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12M 06/30/04 Facility Name & ID Number Lutheran Home For The Aged # 000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment, (See instructions.) Round all numbers to nearest dollar. # 0005090 Report Period Beginning: 07/01/03 Ending:

1	3	d all numbers to near	1 5	6	7	8	9	$\overline{}$
•	Year	•	Current Book	Life	Straight Line	Ŭ	Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12L, Carried Forward		s 35,243,565	\$ 1,543,440		\$ 1,089,138	•	\$ 11,336,662	1
2 Hyac (1108)	2004	845	, ,	20	42	42	42	2
3 Boiler Repair (932)	2004	711		20	36	36	36	3
4 Water Heater Tank (1225)	2004	934		20	47	47	47	4
5 Hvac (786)	2004	600		20	30	30	30	5
6 Hyac (786)	2004	600		20	30	30	30	6
7 Hvac (1498)	2004	1,143		20	57	57	57	7
8 Temperature Controls (2125)	2004	1,621		20	81	81	81	8
9 Water Heater Repair (1014)	2004	773		20	39	39	39	9
10 Motor (1302)	2004	993		20	50	50	50	10
11 Pump (4793)	2004	3,656		20	183	183	183	11
12 Boiler Repair (1063)	2004	811		20	41	41	41	12
13 Boiler Repair (654)	2004	499		20	25	25	25	13
14 Elevator Repair (641)	2004	489		20	24	24	24	14
15 Plumbing (869)	2004	663		20	33	33	33	15
16 Plumbing (953)	2004	727		20	36	36	36	16
17 Chiller Repair (7612)	2004	5,806		20	290	290	290	17
18 Chiler Repair (1477)	2004	1,127		20	56	56	56	18
19 Hvac (786)	2004	600		20	30	30	30	19
20 Boiler Repair (1513)	2004	1,154		20	58	58	58	20
21 Transformer (559)	2004	426		20	21	21	21	21
22 Cafeteria - Fire Alarm (1474)	2004	1,124		20	56	56	56	22
23 Elevator Repair (641)	2004	489		20	24	24	24	23
24 Parking Signs (630)	2004	481		20	24	24	24	24
25 Plumbing (753)	2004	574		20	29	29	29	25
26 Plumbing (728)	2004	555		20	28	28	28	26
Pavement Repair (1100)	2004	839		20	42	42	42	27
28 Chiller Repair (800)	2004	610		20	31	31	31	28
29 Boiler Repair (2651)	2004	2,022		20	101	101	101	29
30 Landscaping (1266)	2004	966		20	48	48	48	30
31 Door Modules (885)	2004	675		20	34	34	34	31
32 Signage (2487)	2004	1,897		20	95	95	95	32
33								33
34 TOTAL (lines 1 thru 33)		\$ 35,277,976	\$ 1,543,440		\$ 1,090,858	\$ (452,582)	\$ 11,338,382	34

 $^{{\}rm **Improvement\ type\ must\ be\ detailed\ in\ order\ for\ the\ cost\ report\ to\ be\ considered\ complete}.$

Report Period Beginning:

Page 12N 06/30/04

07/01/03 Ending:

Facility Name & ID Number Lutheran Home For The Aged # 000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0005090

B. Building Depreciation-Including Fixed Equipment. (See insti	Tuctions.) Roun	u an numbers to nea	rest donar.	6	1 7	8	9	
1	Year	7	Current Book	Life	Straight Line	0	Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
	Constructed	\$ 35,277,976	\$ 1,543,440	III I Cars	\$ 1,090,858	\$ (452,582)	\$ 11,338,382	1
1 Totals from Page 12M, Carried Forward		3 33,277,970	5 1,545,440		5 1,090,000	3 (432,362)	\$ 11,556,562	
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33			 					33
34 TOTAL (lines 1 thru 33)		s 35,277,976	\$ 1,543,440		\$ 1,090,858	\$ (452,582)	\$ 11,338,382	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

0005090 Report Period Beginning:

Page 12O 06/30/04 07/01/03 Ending:

Facility Name & ID Number Lutheran Home For The Aged # 000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

B. Building Depreciation-Including Fixed Equipment. (See instru	3	4	5	6	7	8	9	\top
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12N, Carried Forward		s 35,277,976	\$ 1,543,440		\$ 1,090,858	\$ (452,582)	\$ 11,338,382	1
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29				-				29
30 31				1				30 31
32				 				32
33				-				33
34 TOTAL (lines 1 thru 33)		\$ 35,277,976	\$ 1,543,440		\$ 1,090,858	\$ (452,582)	\$ 11,338,382	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12P 06/30/04 Facility Name & ID Number Lutheran Home For The Aged # 000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0005090 Report Period Beginning: 07/01/03 Ending:

I	3	4	5	6	7	8	9	T
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12O, Carried Forward		\$ 35,277,976	\$ 1,543,440		\$ 1,090,858	\$ (452,582)	\$ 11,338,382	1
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26 27								26 27
28 29								28 29
30				 				30
31								31
32				+				32
33								33
34 TOTAL (lines 1 thru 33)		s 35,277,976	\$ 1,543,440		\$ 1,090,858	s (452,582)	s 11,338,382	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12Q 06/30/04 Facility Name & ID Number Lutheran Home For The Aged # 000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. 0005090 Report Period Beginning: 07/01/03 Ending:

I Improvement Type**	Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1 Totals from Page 12P, Carried Forward		\$ 35,277,976	\$ 1,543,440		\$ 1,090,858	\$ (452,582)	\$ 11,338,382	1
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28				1				28
29				1				29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 35,277,976	\$ 1,543,440		\$ 1,090,858	\$ (452,582)	\$ 11,338,382	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12-BLDG 06/30/04

07/01/03 Ending:

Facility Name & ID Number Lutheran Home For The Aged # 000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. 0005090 Report Period Beginning:

	1	FOR OHF USE ONLY	2 Year	3 Year	4	5 Current Book	6 Life	7 Straight Line	8	9 Accumulated	
	Beds*		Acquired	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
4					S	\$		\$		\$	4
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	Impro	ement Type**									_
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^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12A-BLDG 06/30/04 Facility Name & ID Number Lutheran Home For The Aged # 0005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. 0005090 Report Period Beginning: 07/01/03 Ending:

l	3	4	5	6	7	8	9	$\overline{}$
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
37		\$	\$		\$		\$	37
38								38
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69								69
70 TOTAL (lines 4 thru 69)		\$	\$		\$	\$	\$	70

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

0005090

Report Period Beginning:

07/01/03 Ending:

Page 12-REP 06/30/04

Facility Name & ID Number Lutheran Home For The Aged # 000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment, (See instructions.) Round all numbers to nearest dollar.

	B. Buildi	ng Depreciation-Including Fixed Equ	upment. (See insti	uctions.) Roun	<u>d all numbers to</u> near	est dollar.					
	1		2	3	4	5	6	7	8	9	
		FOR OHF USE ONLY	Year	Year		Current Book	Life	Straight Line		Accumulated	
	Beds*		Acquired	Constructed	Cost	Depreciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
4					S	\$		\$	\$	\$	4
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^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12A-REP 06/30/04 STATE OF ILLINOIS Facility Name & ID Number Lutheran Home For The Aged
XI. OWNERSHIP COSTS (continued) # 0005090 Report Period Beginning: 07/01/03 Ending:

B. Building Depreciation-Including Fixed Equipment. (See instr	uctions.) Roun	d all numbe	rs to neare	est dollar.
1	3		4		5
	Va	or			Current Do

1	3	4	5	6	7	8	9	Т
	Year		Current Book	Life	Straight Line Depreciation		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
37		S	\$		\$	\$	\$	37
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70 TOTAL (lines 4 thru 69)		S	\$		\$	\$	\$	70

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

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Page 13 Lutheran Home For The Aged 0005090 **Report Period Beginning:** 07/01/03 06/30/04 Facility Name & ID Number **Ending:**

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of	1	Current Book	Straight Line	4	Component	Accumulated	
	Equipment	Cost	Depreciation 2	Depreciation 3	Adjustments	Life 5	Depreciation 6	
71	Purchased in Prior Years	\$ 6,124,764	\$ 355,958	\$ 371,581	\$ 15,623	10	\$ 6,369,142	71
72	Current Year Purchases	210,740		21,074	21,074	10	21,074	72
73	Fully Depreciated Assets	1,716,400				10	1,716,400	73
74								74
75	TOTALS	\$ 8,051,904	\$ 355,958	\$ 392,655	\$ 36,697		\$ 8,106,616	75

D. Vehicle Depreciation (See instructions.)*

	1	Model, Make	Year	4		Current Book	Straight Line	7	Life in	Accumulated	
	Use	and Year 2	Acquired 3	Cost		Depreciation 5	Depreciation 6	Adjustments	Years 8	Depreciation 9	
76	Patient Care	1997 Ford Club Wagon	1997	\$ 100,7	711	\$	\$	\$	5	\$ 100,711	76
77	Patient Care	2002 Goshen Bus	2001	50,9	032	12,733	12,733		5	33,955	77
78	Housekeeping	2000 Ford Truck Explorer	2001	18,7	793	4,698	4,698		5	10,962	78
79											79
80	TOTALS			\$ 170,4	136	\$ 17,431	\$ 17,431	\$		\$ 145,628	80

E. Summary of Care-Related Assets

	E. Sullillary of Care-Related Assets	1	2		
		Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 43,343,624	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,916,829	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,492,098	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (424,731)	84	1
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12L if applicable)	\$ 19,581,780	85	1

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1	2	Currer	ıt Book	A	ccumulated	
	Description & Year Acquired	Cost	Deprec	ciation 3	D	epreciation 4	
86	Various - see attached - 2004	\$ 13,638,901	\$	252,171	\$	1,554,145	86
87							87
88							88
89							89
90							90
91	TOTALS	\$ 13,638,901	\$	252,171	\$	1,554,145	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

SEE ACCOUNTANTS' COMPILATION REPORT

** This must agree with Schedule V line 30, column 8.

STATE OF ILLING	IS

						STATE OF ILLINOIS	3				Page 14
Fac	ility Name & I	D Number	Lutheran Home For	The Aged		# 0005090	Report	Period Beginning:	07/01/03	Ending:	06/30/04
XII	1. Name of 1 2. Does the	and Fixed Equipm Party Holding Lea	nent (See instructions.) ase: eal estat <mark>e taxes in add</mark> i		unt shown below on]NO				
		1	2	3	4	5	6				
		Year	Number	Original	Rental	Total Years	Total Years				
	Original	Constructed	of Beds	Lease Date	Amount	of Lease	Renewal Option*	10 Effortis	e dates of curren	4 wowtol o awa	
3	Building:			s					ng		ment:
4	Additions							4 Ending	s		
5								5			
6									be paid in future	e years under t	he current
7	TOTAL			\$	44			7 rental a	greement:		
	This amo	unt was calculated ngth of the lease	zation of lease expensed by dividing the total		ortized	*		12. 13. 14.	/2005 /2006 /2007	Annual R	ent
	B. Equipmen	t-Excluding Tran	sportation and Fixed	Equipment. (See i	nstructions.)		_				
			ntal included in buildi ble equipment: \$		Daganintiana		NO				
	10. Kentai A	amount for movat	oie equipment: 5	11,439	Description:			down of movable equi	oment)		
	C. Vehicle Ro	ental (See instruct	tions.)			(:		
	1		2		3	4					
			Model Year		thly Lease	Rental Expense					
17	Use		and Make	S P:	ayment	for this Period			re is an option to		
17 18			_	3		3	17	pieaso sched	e provide comple ule	te details on at	tacneu
19			_				19	scheu	uic.		
20				1			20	** This s	amount plus any	amortization o	f lease

21 TOTAL

SEE ACCOUNTANTS' COMPILATION REPORT

21

expense must agree with page 4, line 34.

			S	TATE OF ILLI	NOIS					Page 15
	ame & ID Number Lutheran Home For				#	0005090	Report Period Beginning:	07/01/03	Ending:	06/30/04
XIII. EXP	ENSES RELATING TO NURSE AIDE TRAININ	G PROGRAMS (See ir	structions.)							
A. T	YPE OF TRAINING PROGRAM (If aides are trai	ned in another facility	program, attach a	schedule listing t	he facility 1	name, addres	ss and cost per aide trained in	that facility.)		
	1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?	YES 2	. <u>CLASSROOM</u> IN-HOUSE PR				3. <u>CLINICAL P</u> IN-HOUSE P		_	
	If "yes", please complete the remainder		IN OTHER FA	CILITY			IN OTHER F	ACILITY		
	of this schedule. If "no", provide an explanation as to why this training was not necessary.		COMMUNITY HOURS PER A				HOURS PER	AIDE		
В. Е.	XPENSES		ON OF COSTS	(1)			C. CONTRACTUAL	INCOME		
		ALLOCATI	ON OF COSTS	(d) 3		4		ow record the a		
		Fa	cility	<u></u>		-		u ti aiiiiig aiuc	s ii oiii otiic	i iacintics.
		Drop-outs	Completed	Contract		Total	S		7	
1	Community College Tuition	\$	\$	\$	S	1000			_	
	Books and Supplies	*	-				D. NUMBER OF AID	ES TRAINED		
	Classroom Wages (a)									
4	Clinical Wages (b)						COMPLE	TED		
	In-House Trainer Wages (c)						1. From this fa	ecility		
6	Transportation						2. From other	facilities (f)		

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.

(e)

7 Contractual Payments

TOTALS

8 Nurse Aide Competency Tests

SUM OF line 9, col. 1 and 2

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

DROP-OUTS

2. From other facilities (f)
TOTAL TRAINED

1. From this facility

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Lutheran Home For The Aged

0005090 Report Period Beginning:

07/01/03 Ending:

Page 16 06/30/04

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	, , ,	1	2	3	4	5	6	7	8	
		Schedule V	Stafi		Outsid	le Practitioner	Supplies			
	Service	Line & Column	Units of	Cost	(other t	han consultant)	(Actual or)	Total Units	Total Cost	
		Reference	Service		Units	Cost	Allocated)	(Column 2 + 4)	(Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 317,313	\$		\$ 317,313	1
	Licensed Speech and Language									
2	Development Therapist	39 - 03	hrs			37,540			37,540	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			782,688			782,688	4
5	Physician Care	39 - 03	visits			8,357			8,357	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
			# of							
9	Pharmacy	39 - 02	prescrpts				1,048,329		1,048,329	9
	Psychological Services									
	(Evaluation and Diagnosis/									
10	Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental					51,706	438,664		490,370	13
14	TOTAL			\$		\$ 1,197,604	\$ 1,486,993		\$ 2,684,597	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number **Lutheran Home For The Aged** XV. BALANCE SHEET - Unrestricted Operating Fund.
This report must be completed even if financial statements are attached.

As of 06/30/04 (last day of reporting year)

		1		2 After	
		_ (Operating	Consolidation*	
	A. Current Assets				
1	Cash on Hand and in Banks	\$	5,325,254	\$	1
2	Cash-Patient Deposits				2
	Accounts & Short-Term Notes Receivable-				
3	Patients (less allowance		802,518		3
4	Supply Inventory (priced at)		99,708		4
5	Short-Term Investments		1,408,158		5
6	Prepaid Insurance		(159,810)		6
7	Other Prepaid Expenses		254,084		7
8	Accounts Receivable (owners or related parties)		900,000		8
9	Other(specify): See Attached Schedule		383,300		9
	TOTAL Current Assets				
10	(sum of lines 1 thru 9)	\$	9,013,212	\$	10
	B. Long-Term Assets				
11	Long-Term Notes Receivable				11
12	Long-Term Investments		648,516		12
13	Land		20,225		13
14	Buildings, at Historical Cost		46,363,740		14
15	Leasehold Improvements, at Historical Cost		440,936		15
16	Equipment, at Historical Cost		11,062,501		16
17	Accumulated Depreciation (book methods)		(21,820,844)		17
18	Deferred Charges		1,466,263		18
19	Organization & Pre-Operating Costs				19
	Accumulated Amortization -				
20	Organization & Pre-Operating Costs				20
21	Restricted Funds				21
22	Other Long-Term Assets (specify):		603,899		22
23	Other(specify): See Attached Schedule		584,736		23
	TOTAL Long-Term Assets				
24	(sum of lines 11 thru 23)	\$	39,369,972	\$	24
			•		
	TOTAL ASSETS				
25	(sum of lines 10 and 24)	\$	48,383,184	\$	25

C. Current Liabilities S 1,287,125 S	
26	
28 Accounts Payable-Patient Deposits 86,483 29 Short-Term Notes Payable 435,000 30 Accrued Salaries Payable 1,285,509 Accrued Taxes Payable 57,690 31 (excluding real estate taxes) 57,690 32 Accrued Real Estate Taxes(Sch.IX-B) 33 Accrued Interest Payable 52,803 34 Deferred Compensation 35 Federal and State Income Taxes Other Current Liabilities(specify): 0.00 36 See Attached Schedule 10,716,837 37 TOTAL Current Liabilities 38 (sum of lines 26 thru 37) \$ 13,921,447 40 Mortgage Payable 40 Mortgage Payable 41 Bonds Payable 42 Deferred Compensation Other Long-Term Liabilities(specify): 43 See Attached Schedule 1,518,409 44 TOTAL Long-Term Liabilities (sum of lines 39 thru 44) \$ 28,328,013 \$ TOTAL LIABILITIES (sum of lines 38 and 45) \$	26
29 Short-Term Notes Payable 435,000 30 Accrued Salaries Payable 1,285,509 Accrued Taxes Payable 31 (excluding real estate taxes) 57,690 32 Accrued Real Estate Taxes(Sch.IX-B) 33 Accrued Interest Payable 52,803 34 Deferred Compensation 35 Federal and State Income Taxes Other Current Liabilities(specify): 36 See Attached Schedule 10,716,837 37 TOTAL Current Liabilities (sum of lines 26 thru 37) \$ 13,921,447 \$ D. Long-Term Liabilities 39 Long-Term Notes Payable 40 Mortgage Payable 41 Bonds Payable 26,809,604 42 Deferred Compensation Other Long-Term Liabilities(specify): 43 See Attached Schedule 1,518,409 44 TOTAL Long-Term Liabilities (sum of lines 39 thru 44) \$ 28,328,013 \$ TOTAL LIABILITIES 46 (sum of lines 38 and 45) \$ 42,249,460 \$	27
30 Accrued Salaries Payable 1,285,509	28
Accrued Taxes Payable (excluding real estate taxes) 57,690	29
31	30
32 Accrued Real Estate Taxes(Sch.IX-B) 33 Accrued Interest Payable 52,803 34 Deferred Compensation 35 Federal and State Income Taxes Other Current Liabilities(specify): 36 See Attached Schedule 10,716,837 37 TOTAL Current Liabilities 38 (sum of lines 26 thru 37) \$ 13,921,447 \$ D. Long-Term Liabilities 39 Long-Term Notes Payable 40 Mortgage Payable 40 Mortgage Payable 26,809,604 41 Bonds Payable 26,809,604 42 Deferred Compensation Other Long-Term Liabilities(specify): 43 See Attached Schedule 1,518,409 44 TOTAL Long-Term Liabilities (sum of lines 39 thru 44) \$ 28,328,013 \$ TOTAL LIABILITIES (sum of lines 38 and 45) \$ 42,249,460 \$	
33 Accrued Interest Payable	31
34 Deferred Compensation 35 Federal and State Income Taxes Other Current Liabilities(specify): 36 See Attached Schedule 10,716,837 37 TOTAL Current Liabilities 38 (sum of lines 26 thru 37) \$ 13,921,447 \$ D. Long-Term Liabilities 39 Long-Term Notes Payable 40 Mortgage Payable 41 Bonds Payable 26,809,604 42 Deferred Compensation Other Long-Term Liabilities(specify): 43 See Attached Schedule 1,518,409 44 TOTAL Long-Term Liabilities (sum of lines 39 thru 44) \$ 28,328,013 \$ TOTAL LIABILITIES 46 (sum of lines 38 and 45) \$ 42,249,460 \$	32
35 Federal and State Income Taxes	33
Other Current Liabilities(specify): 36 See Attached Schedule 10,716,837 37 TOTAL Current Liabilities 38 (sum of lines 26 thru 37) \$ 13,921,447 5 D. Long-Term Liabilities 39 Long-Term Notes Payable 40 Mortgage Payable 41 Bonds Payable 26,809,604 42 Deferred Compensation Other Long-Term Liabilities(specify): 43 See Attached Schedule 1,518,409 44 TOTAL Long-Term Liabilities 45 (sum of lines 39 thru 44) \$ 28,328,013 TOTAL LIABILITIES 46 (sum of lines 38 and 45) \$ 42,249,460 \$	34
36 See Attached Schedule 10,716,837 37	35
TOTAL Current Liabilities (sum of lines 26 thru 37) \$ 13,921,447 \$	
TOTAL Current Liabilities (sum of lines 26 thru 37) D. Long-Term Liabilities 39 Long-Term Notes Payable 40 Mortgage Payable 41 Bonds Payable 42 Deferred Compensation Other Long-Term Liabilities(specify): 43 See Attached Schedule TOTAL Long-Term Liabilities (sum of lines 39 thru 44) TOTAL LIABILITIES 46 (sum of lines 38 and 45) \$ \$13,921,447 \$ \$ 26,809,604 26,809,604 1,518,409 28,328,013 \$ TOTAL LABILITIES	36
38 (sum of lines 26 thru 37) \$ 13,921,447 \$ D. Long-Term Liabilities 39 Long-Term Notes Payable 40 Mortgage Payable 26,809,604 41 Bonds Payable 26,809,604 42 Deferred Compensation Other Long-Term Liabilities(specify): 43 See Attached Schedule 1,518,409 44 TOTAL Long-Term Liabilities 45 (sum of lines 39 thru 44) \$ 28,328,013 TOTAL LIABILITIES 46 (sum of lines 38 and 45)	37
D. Long-Term Liabilities 39 Long-Term Notes Payable 40 Mortgage Payable 41 Bonds Payable 26,809,604 42 Deferred Compensation Other Long-Term Liabilities(specify): 43 See Attached Schedule 1,518,409 44 TOTAL Long-Term Liabilities (sum of lines 39 thru 44) \$ 28,328,013 \$ TOTAL LIABILITIES 46 (sum of lines 38 and 45) \$ 42,249,460 \$	
39	38
40 Mortgage Payable 26,809,604	
41 Bonds Payable 26,809,604	39
Deferred Compensation	40
Other Long-Term Liabilities(specify): 43	41
43 See Attached Schedule 1,518,409	42
TOTAL Long-Term Liabilities (sum of lines 39 thru 44) \$ 28,328,013 \$ TOTAL LIABILITIES (sum of lines 38 and 45) \$ 42,249,460 \$	
TOTAL Long-Term Liabilities 45 (sum of lines 39 thru 44) \$ 28,328,013 \$ TOTAL LIABILITIES 46 (sum of lines 38 and 45) \$ 42,249,460 \$	43
45 (sum of lines 39 thru 44) \$ 28,328,013 \$ TOTAL LIABILITIES 46 (sum of lines 38 and 45) \$ 42,249,460 \$	44
TOTAL LIABILITIES 46 (sum of lines 38 and 45) \$ 42,249,460 \$	
46 (sum of lines 38 and 45) \$ 42,249,460 \$	45
47 TOTAL FOURTY(10 Pm. 24) 6 (122.724 6	46
	47
47 TOTAL EQUITY(page 18, line 24) \$ 6,133,724 \$ TOTAL LIABILITIES AND EQUITY	4/
101AL LIABILITIES AND EQUITY	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

0005090

Report Period Beginning: 07/01/03

3 Ending:

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			1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$	7,946,165	1
2	Restatements (describe):			2
3				3
4				4
5				- 5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$	7,946,165	6
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)		(1,812,441)	7
8	Aquisitions of Pooled Companies			8
9	Proceeds from Sale of Stock			9
10	Stock Options Exercised			10
11	Contributions and Grants			11
12	Expenditures for Specific Purposes			12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment			14
15	Other (describe)			15
16	Other (describe)			16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$	(1,812,441)	17
	B. Transfers (Itemize):			
18				18
19				19
20				20
21				21
22				22
23	TOTAL Transfers (sum of lines 18-22)	\$		23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$	6,133,724	24

* This must agree with page 17, line 47.

0005090 Report Period Beginning: XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached. Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

4	expenses.	DO HOL	110111	Svenue	agamst	27
	1					

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue All Levels of Care	\$ 29,321,934	1
2	Discounts and Allowances for all Levels	(7,014,882)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 22,307,052	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,436,500	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,436,500	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	201,753	13
14	Non-Patient Meals	72,782	14
15	Telephone, Television and Radio	51,974	15
16	Rental of Facility Space	1,045,004	16
17	Sale of Drugs	1,495,576	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	49,758	19
20	Radiology and X-Ray	7,850	20
21	Other Medical Services	3,790	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,928,487	23
	D. Non-Operating Revenue		
24	Contributions	1,257,127	24
25	Interest and Other Investment Income***	448,587	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,705,714	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	(670,354)	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (670,354)	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 29,707,399	30

			2	
	Expenses		Amount	
	A. Operating Expenses			
31	General Services		6,945,375	31
32	Health Care		10,758,727	32
33	General Administration		7,147,328	33
	B. Capital Expense			
34	Ownership		3,293,993	34
	C. Ancillary Expense			
35	Special Cost Centers		3,197,639	35
36	Provider Participation Fee		176,778	36
	D. Other Expenses (specify):			
37				37
38				38
39				39
40	TOVEA I EV DENIGEO (21 41 20)*	6	21 510 940	40
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$	31,519,840	40
41	Income before Income Taxes (line 30 minus line 40)**		(1,812,441)	41
42	Income Taxes			42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$	(1,812,441)	43

*	This must	t agree with	page 4,	line 45,	column 4.
---	-----------	--------------	---------	----------	-----------

Does this agree with taxable income (loss) per Federal Income N/A If not, please attach a reconciliation. Tax Return?

^{***} See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

^{****}Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Lutheran Home For The Aged

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1				<u> </u>					
		# of Hrs.	# of Hrs.	Reporting Period	Ave	rage					Nι
		Actually	Paid and	Total Salaries,		urly					O
		Worked	Accrued	Wages		age					P
1	Director of Nursing	1,880	2,080	\$ 89,032	\$ 42	2.80	1				A
2	Assistant Director of Nursing						2		35	Dietary Consultant	
3	Registered Nurses	122,710	136,176	3,206,986	23	3.55	3		36	Medical Director	mor
4	Licensed Practical Nurses	23,734	26,337	596,541		2.65	4	Ī	37	Medical Records Consultant	mon
5	Nurse Aides & Orderlies	371,109	411,813	5,246,502	12	2.74	5	Ī	38	Nurse Consultant	
6	Nurse Aide Trainees						6		39	Pharmacist Consultant	mor
7	Licensed Therapist						7		40	Physical Therapy Consultant	
8	Rehab/Therapy Aides	13,523	14,994	276,645	18	8.45	8			Occupational Therapy Consultant	
9	Activity Director						9		42	Respiratory Therapy Consultant	
10	Activity Assistants	16,609	18,575	278,627	15	5.00	10		43	Speech Therapy Consultant	
11	Social Service Workers	10,255	11,451	196,381	1'	7.15	11		44	Activity Consultant	
12	Dietician						12		45	Social Service Consultant	
13	Food Service Supervisor						13	Ī	46	Other(specify)	
14	Head Cook						14	Ī	47	Food Service (Temporary Labor)	
15	Cook Helpers/Assistants	111,187	124,314	1,307,786	10	0.52	15	Ī	48		
16	Dishwashers						16	Ī			
17	Maintenance Workers	45,061	49,653	792,698	1:	5.96	17		49	TOTAL (lines 35 - 48)	
18	Housekeepers	49,974	54,312	500,759	9	9.22	18				
19	Laundry	12,606	13,806	126,047		9.13	19				
20	Administrator	1,880	2,080	99,531	4'	7.85	20				
21	Assistant Administrator						21		C. C	ONTRACT NURSES	
22	Other Administrative						22				
23	Office Manager						23				N
24	Clerical	2,545	3,013	56,824	18	8.86	24				0
25	Vocational Instruction						25				P
26	Academic Instruction						26				Ac
27	Medical Director						27		50	Registered Nurses	
28	Qualified MR Prof. (QMRP)						28		51	Licensed Practical Nurses	
29	Resident Services Coordinator						29		52	Nurse Aides	
30	Habilitation Aides (DD Homes)						30				
31	Medical Records	3,094	3,470	59,866	1'	7.25	31		53	TOTAL (lines 50 - 52)	
32	Other Health Care(specify)	,	ĺ	,			32	_			-
	Other(specify) See Supplemental	32,670	33,830	440,615	1,	3.02	33				
34	TOTAL (lines 1 - 33)	818,837	905,904	\$ 13,274,840 *	\$ 14	4.65	34	SEE A	ACC	OUNTANTS' COMPILATION REF	ORT

B. CONSULTANT SERVICES

		1	2	3	
		Number	Total Consultant	Schedule V	
		of Hrs.	Cost for	Line &	
		Paid &	Reporting	Column	
		Accrued	Period	Reference	
35	Dietary Consultant		\$		35
36	Medical Director	monthly	28,124	09-03	36
37	Medical Records Consultant	monthly	2,804	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	monthly	3,720	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	12	701	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Food Service (Temporary Labor)		3,936	01-03	47
48					48
49	TOTAL (lines 35 - 48)	12	\$ 39,285		49

C. CONTRACT NURSES

		1	2	3	
		Number		Schedule V	
		of Hrs.	Total	Line &	
		Paid &	Contract	Column	
		Accrued	Wages	Reference	
50	Registered Nurses	1,753	\$ 98,103	10-03	50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	1,753	\$ 98,103		53

^{*} This total must agree with page 4, column 1, line 45.

^{**} See instructions.

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0005090 07/01/03 Facility Name & ID Number Lutheran Home For The Aged **Report Period Beginning:** Ending: 06/30/04 XIX. SUPPORT SCHEDULES A. Administrative Salaries Ownership D. Employee Benefits and Payroll Taxes F. Dues, Fees, Subscriptions and Promotions Description Description Name Function % Amount Amount Amount IDPH License Fee James Holbrook Administrator 99,531 Workers' Compensation Insurance **Unemployment Compensation Insurance** Advertising: Employee Recruitment Health Care Worker Background Check FICA Taxes 998,693 **Employee Health Insurance** (Indicate # of checks performed Employee Meals Subscriptions & Publications 8,519 Illinois Municipal Retirement Fund (IMRF)* Organization Dues 8,128 137 Inspections & License Fees 12,483 Other Employee Benefits TOTAL (agree to Schedule V, line 17, col. 1) Volunteer Recognition 11,741 Allocated from LHSA 82,679 (List each licensed administrator separately.) 99,531 Allocated from LHSA 2,410,994 B. Administrative - Other Less: Public Relations Expense Non-allowable advertising Description Amount Allocated Cost - Lutheran Home & Services for the Aged, Inc. 5,489,563 Yellow page advertising TOTAL (agree to Schedule V, \$ 3,421,565 TOTAL (agree to Sch. V, 111,809 line 22, col.8) line 20, col. 8) TOTAL (agree to Schedule V, line 17, col. 3) 5,489,563 E. Schedule of Non-Cash Compensation Paid G. Schedule of Travel and Seminar** (Attach a copy of any management service agreement) to Owners or Employees C. Professional Services Description Amount Vendor/Pavee Description Line# Type Amount Amount Penny Paulsberg **Decorating Service** 66,360 Out-of-State Travel Ark Development adjusted out on page 5 15,000 LSN Satisfaction Survey (adj p.5) 3,250 Achieve Accreditation **Quality Assurance** 9,360 In-State Travel KPMG 22,000 Accounting Michael Best & Friedrich LLC Legal (PY - adj p. 5) 2,625 Carlton W. Lohrentz & Assoc. Collections (adj p. 5) 200 Seminar Expense 6,307 Allocated from LHSA 39,447 **Entertainment Expense** TOTAL (agree to Schedule V, line 19, column 3) TOTAL (agree to Sch. V,

> * Attach copy of IMRF notifications SEE ACCOUNTANTS' COMPILATION REPORT

TOTAL

**See instructions.

line 24, col. 8)

45,754

118,795

(If total legal fees exceed \$2500 attach copy of invoices.)

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Facility Name & ID Number Lutheran Home For The Aged

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3). (See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Month & Year Amount of Expense Amortized Per Year												
	Improvement Type	Improvement Was Made	Total Cost	Useful Life	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		s		s	s	s	\$	s	s	s	s	s

Facility	S y Name & ID Number Lutheran Home For The Aged	TATE (OF ILLINOIS # 0005090	Report Period Beginning:	07/01/03	Ending:	Page 23 06/30/04
XX. G	ENERAL INFORMATION:						
(1)	Are nursing employees (RN,LPN,NA) represented by a union?	(13)		supplies and services which are of the Public Aid, in addition to the daily in			
(2)	Are there any dues to nursing home associations included on the cost report? Yes If YES, give association name and amount. Paid by related party	4.0		ection of Schedule V? Yes			C
(3)	Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report?	(14)	the patient census is a portion of the	building used for any function other listed on page 2, Section B? Yes building used for rental, a pharmacy explains how all related costs were a	, day care, etc.)	For exampl If YES, attac	e,
(4)	Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity?	(15)	Indicate the cost of on Schedule V. related costs?		ssified to emply meal income be the amount.	been offset ag	ainst
(5)	Have you properly capitalized all major repairs and equipment purchases? What was the average life used for new equipment added during this period? Yes 10 yrs	(16)	Travel and Transp	ortation ncluded for out-of-state travel?	No		
(6)	Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 232,196 Line 10		If YES, attach a	complete explanation. eparate contract with the Departmen	t to provide me		
(7)	Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.		program during c. What percent of	this reporting period. \$ fall travel expense relates to transporting logs been maintained? Yes			
(8)	Are you presently operating under a sale and leaseback arrangement? If YES, give effective date of lease.		e. Are all vehicles times when not	stored at the nursing home during th	•		
(9)	Are you presently operating under a sublease agreement? YES X NO		out of the cost re				Yes
(10)	Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.		Indicate the a transportation	mount of income earned from p n during this reporting period.	oroviding suc	sh \$	_
		(17)	Firm Name: K	performed by an independent certifice PMG	_	The instruc	tions for the
(11)	Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$\frac{176,778}{V}\$. This amount is to be recorded on line 42 of Schedule \(\overline{V}\).		been attached?	that a copy of this audit be included Yes If no, please explain.			
(12)	Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.	,	out of Schedule V			J	
	SEE ACCOUNTANTS' COMPILATION REPORT	(19)	performed been at	re in excess of \$2500, have legal invalued to this cost report? Yes d a summary of services for all arch		-	ices